



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Mental Health & Learning Disabilities Committee

Annual Report for 2025-26

March 2025

CONTENTS

Foreword

1.	Introduction to the report	4
2.	2025-26 Work Programme	4
3.	Frequency of Committee Meetings and Membership	5
4.	MHLDC Reporting Arrangements	5
5.	MHLDC FPC Work Programme	5-9
6.	Key Areas of Focus in 2025-26	10
7.	Committee Oversight of Risk	11
8.	Conclusion	12
Appendix 1	MHLDC Terms of Reference (November 2024)	13-24
Appendix 2	Forward Work Programme 2025/26	25-34
Appendix 3	MHLDC Meetings in 2025/26	35

Chair's Foreword

This report will provide an overview of the work of this new Committee in ensuring the effectiveness and efficiency of the service delivery for all Mental Health, Learning Disabilities and Children and Adolescent Mental Health Services (CAMHS) services; as per the Terms of Reference and the requirements of the Mental Health Act.

With appreciation of all Committee Members who have helped to establish this Committee'

Penny Jones

Chair

Mental Health, Learning Disabilities Committee

1. Introduction

- 1.1 Section 1 of the Standing Orders of the Aneurin Bevan University Health Board (referred to throughout this document as 'ABUHB, the Board' or the 'Health Board') provides that:

"The Board may and, where directed by the Welsh Government must, appoint Committees of the Health Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of its business extends equally to the work carried out on its behalf by committees".

- 1.2 The Terms of Reference of the Mental Health & Learning Disabilities Committee (referred to throughout this document as 'MHLDC' or the 'Committee') were approved by the Board in November 2024. (See **Appendix 1**). These were not changed during the reporting year.
- 1.3 The purpose of the Mental Health & Learning Disabilities Committee is to advise and assure the Board and the Accountable Officer by critically monitoring and reviewing the way in which the Health Board discharges its functions and responsibilities under the Mental Health Act 1983 (the MH Act).
- 1.4 This report describes how the Mental Health & Learning Disabilities Committee (MHLDC) discharged its role and responsibilities during the period 1 April 2025 to 31 March 2026.

2. 2025-26 Work Programme

- 2.1 ABUHB Standing Orders require the Board Secretary to produce an Annual Plan of Board business. This should incorporate formal Board meetings, regular Board Development sessions and, as appropriate, planned activities of the Board's Committees and Advisory Groups. The Work Programme adopted for MHLDC in 2025-26 is attached to this report (see **Appendix 2**).
- 2.2 A Work Programme is designed to align to its terms of reference and the requirement for it to seek information to be able to give advice or gain assurance for itself and on behalf of the Board. The Work Programme is, however, a framework rather than a prescriptive agenda. This gives MHLDC flexibility to identify changing priorities or any need for further assurance or information.

3. MHLDC Committee Meetings and Membership

3.1 During 2025-26, the MHLDC Committee met five times either in person or via Microsoft Teams- April 2025, June 2025, September 2025, January 2026 and March 2026. Details of the Members and Executive Directors who attended these meetings is provided at **Appendix 3**.

3.2 The Committee comprised the following Independent Members:

Penny Jones, Chair
Paul Deneen Vice Chair
Dafydd Vaughan
Philip Robson

3.3 In accordance with the Public Bodies (Admissions to Meetings) Act 1960 the organisation is required to meet in public. To ensure business was conducted in as open and transparent manner as possible during this time the meeting agenda packs have been published to the Health Board's [website](#) in advance of meetings.

4. MHLDC Reporting Arrangements

4.1 Following each meeting, the MHLDC submits an Assurance Report to the following Board meeting, outlining topics discussed, areas of concern and areas of risk. All Board papers can be accessed via the following [link](#)

5. MHLDC Work Programme 2025-26

Amongst the key issues considered by the Committee during 2025-26 were the following:

1. Mental Health Act (MHA) Compliance and Lawfulness

The Committee maintained sustained oversight of compliance with the Mental Health Act throughout the year. Key areas of focus included:

- Rising overall activity under the Act, particularly Section 136 detentions, reflecting national and system-wide pressures.
- Reduction in Section 4 detentions and rectifiable errors, attributed to strengthened training, improved documentation scrutiny, and better access to Section 12 cover.
- Ongoing concern regarding repeat detentions, unlawful detentions, and documentation quality, with emphasis on understanding underlying causes and mitigating legal and reputational risk.

- Assurance on the recovery of Hospital Managers' Hearing backlogs, supported by recruitment and improved governance arrangements.
- Continued scrutiny of multi-agency working (police, local authorities, crisis services), including the effectiveness of alternative crisis pathways such as *111 press 2*.

2. Mental Health Act Bill and Forthcoming Legislative Change

The Committee considered the implications of the Mental Health Act Bill as it progressed through Parliament and received Royal Assent:

- Anticipated increases in administrative burden, tribunal activity, and renewal processes, with associated workforce and financial pressures.
- Preparatory work underway across training, governance, and process review, despite ongoing uncertainty regarding national guidance and funding.
- The Committee highlighted the need for phased implementation planning, national consistency, and continued escalation to the Board as clarity emerges.

3. Performance, Access and Outcomes Across Mental Health Services

The Committee received regular assurance on service performance and access standards, noting:

- Sustained delivery against Mental Health Measure Parts 1A and 1B across adult services, despite increasing demand.
- Persistent pressures within psychological therapies, including capacity constraints and national underperformance against the 26-week standard.
- Ongoing service redesign work to better align demand, workforce deployment, and care pathways, including greater use of digital tools and automation.

4. Children and Adolescent Mental Health Services (CAMHS) and Neurodevelopmental Services

CAMHS and neurodevelopmental services remained a recurring focus due to demand growth:

- Continued compliance with access standards in CAMHS, with positive assurance on early intervention.

- Sustained and rising pressure in neurodevelopmental services, prompting a shift from diagnosis-led pathways to a needs-based intervention model.
- Ongoing engagement with families, schools, and partners, and monitoring of equity, waiting times, and capacity risks.
- Recognition of the need for continued Board-level visibility of workforce and sustainability challenges.

5. Quality, Safety, and Governance of Care

The Committee closely monitored quality and patient safety, particularly in higher-risk inpatient and community settings:

- Strengthening of divisional governance arrangements, including daily incident reviews, enhanced assurance processes, and improved escalation.
- Oversight of Healthcare Inspectorate Wales (HIW) inspections, with assurance on generally positive findings and focused attention on estate and environmental issues.
- Continued scrutiny of complaints handling, duty of candour compliance, and learning from incidents.
- Emphasis on maintaining safe, legal, and compassionate care during periods of operational pressure and workforce challenge.

6. Restrictive Practice and Least Restrictive Care

Reducing restrictive practices remained a key quality and human-rights priority:

- Monitoring of restraint, segregation, enhanced observations, and therapeutic observation practice.
- Participation in national and All-Wales pilots to strengthen learning following restrictive interventions.
- Oversight of policy updates, trauma-informed training, and initiatives such as SafeWards and PICU safety innovations.
- Ongoing emphasis on balancing safety with proportionality and dignity.

7. Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS)

The Committee received regular assurance on MCA and DoLS compliance:

- Notable improvement in training uptake and the quality of capacity assessments.

- Persistent challenges associated with DoLS demand, backlogs, assessor capacity, and cost pressures, particularly in hospital settings.
- Preparatory work for Liberty Protection Safeguards (LPS), with recognition of uncertainty around timelines and future resourcing.
- Escalation of human rights, legal, and governance risks through Executive and Board structures.

8. Right Care, Right Person and Crisis Response

The Committee monitored implementation of the Right Care, Right Person approach:

- Positive progress in triage, policy alignment, and partnership working with police and local authorities.
- Ongoing challenges relating to transport and conveyance (Phase 3), identified as the most complex and resource-intensive element.
- Continued focus on reducing reliance on policing for mental health crises and strengthening health-led responses.

9. Dementia Services and Sustainability

Dementia services were a recurrent area of assurance:

- Positive progress against the All-Wales Dementia Standards, including workforce training, dementia-friendly environments, and carer support.
- Increasing concern regarding future funding sustainability beyond current funding periods.
- Continued emphasis on partnership working through Regional Partnership Boards and community engagement.

10. Digital Maturity and Enabling Infrastructure

The Committee reviewed the Mental Health Digital Maturity Assessment and enabling risks:

- Recognition of foundational digital capability, but limited overall maturity due to historic underinvestment.
- Identified gaps in shared care records, digital pathway integration, and remote monitoring.
- Oversight of plans for electronic patient record implementation and improved digital governance.
- Escalation of digital risk as a key enabler of quality, safety, and long-term sustainability.

11. Risk Management and Assurance Framework

Throughout the year, the Committee maintained oversight of divisional risks:

- Key risks relating to demand, workforce sustainability, access standards, service quality, estates, and digital infrastructure.
- Assurance that risks were aligned with the corporate risk register and escalated appropriately.
- Ongoing challenge to ensure risks remained dynamic and responsive to emerging national and system pressures.

6. Self-Assessment and Evaluation

As part of the Health Board's statutory requirements, each Committee of the Board is required to conduct an annual self-evaluation of Committee effectiveness. All Board Members are required to complete a self-assessment for each Committee on which they are a member, to determine its effectiveness and ability to carry out its responsibilities.

The outcome of the assessment enables the Committee to identify areas of development and focus for the coming year, including any training and development needs, as well as changes to processes and procedures.

The Mental Health and Learning Disabilities Committee undertook its statutory annual self-assessment between November 2025 and January 2026, achieving a 29% response rate. The results demonstrated a positive position overall, with strong assurance across Committee governance and membership, clarity of roles and responsibilities, the balance of skills and experience, meeting conduct and challenge, decision-making and follow-up, and the quality and timeliness of information provided to support effective assurance and scrutiny.

The assessment identified areas for further development, most notably the need to introduce a more formalised annual appraisal process to support systematic evaluation of the Committee's effectiveness and ongoing improvement. Qualitative feedback also highlighted the importance of strengthening staff and patient voice within the Committee's work, alongside the Committee's continued development as a relatively new forum established in April 2025.

The Committee reviewed the findings in March 2026 and held a constructive discussion on the outcomes of the self-assessment. Members acknowledged the Committee's strong clinical and nursing contribution and agreed that there was an opportunity to rebalance and recalibrate the agenda to ensure a

broader range of professional perspectives and assurance are consistently reflected. The discussion also reinforced the importance of capturing patient and staff voice more effectively within Committee business and continuing to develop the Committee's role in supporting the Board to discharge its responsibilities in relation to mental health and learning disabilities.

Overall, the Committee concluded that it remains effective and well-supported, with clear strengths in governance, challenge and assurance, and has therefore agreed to take forward a programme of improvement for 2026/27 focused on introducing a more formal appraisal of Committee effectiveness, strengthening the balance of voices and perspectives within the agenda, enhancing patient and staff voice, and continuing to mature the Committee's role within the wider Board governance framework.

7. Key Areas of Focus in 2026-27

As a result of the work of the Committee the following areas of focus were identified for 2026/27:

- The Committee will maintain a strong focus on assurance in relation to compliance with the Mental Health Act 1983, Mental Capacity Act 2005 (including DoLS), and relevant duties under the Equality Act 2010, including the effective operation of Hospital Managers' functions and oversight of the Power of Discharge arrangements.
- Ongoing scrutiny will be applied to performance, quality, safety and activity across mental health, learning disabilities and CAMHS services, including outcomes, benchmarking, divisional risks, and the effectiveness of service delivery models
- The Committee will seek assurance on the implementation and delivery of the National Dementia Standards within the Health Board, supported by bi-annual assurance reporting.
- A continued focus will be maintained on Mental Health Act compliance, rights-based decision-making, and safeguards for service users, including oversight of Mental Capacity Act and DoLS arrangements
- The Committee will oversee delivery of the MH&LD Division's IMTP priorities, with specific focus on; Models of Care, Quality Improvement, Workforce, Digital Transformation and Partnerships with external agencies.

- Focused updates will be received on areas such as 111 Press 2 and the Right Care Right Person approach, supporting appropriate access, escalation and partnership working with other agencies.
- Regular review of the Committee Risk Report and MH&LD Divisional Risk Report will support assurance to the Board on the management of strategic and operational risks within the portfolio

8. Committee Oversight of Risk

At present, there are no strategic risks on the Health Board's Strategic Risk Register formally delegated to the Mental Health Committee. There are also currently no corporate-level risks relating specifically to mental health, learning disability services, or risks associated with children and young people's mental health recorded on the Corporate Risk Register.

Risks relating to mental health and learning disability services, as well as children and young people's mental health, are managed through the operational governance arrangements within the relevant directorates and divisions. These risks are captured and monitored through directorate and divisional risk registers and, where relevant, are reported to the Committee through routine performance and operational reports. To date, these risks have not met the threshold for escalation through the Health Board's Risk Management Escalation process.

9. Conclusion

This report provides a summary of the work undertaken by the Mental Health & Learning Disabilities Committee during 2023-24, and demonstrates that the Committee has complied with its Terms of Reference as approved in November 2024.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Appendix One



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Version: Approved

Date: November
2024

Document Title:	Mental Health and Learning Disabilities Committee Terms of Reference
Date of Document:	November 2024
Current version:	Approved
Previous version:	N/A
Approved by:	Board
Review date:	November 2025

1. Introduction

1.1 The Health Board's Standing Orders provide that: -

"The Board may and, where directed by the Welsh Government must, appoint Committees of the Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by Committees".

1.2 In line with Standing Orders (and the Board's Scheme of Delegation), the Board shall nominate annually a Committee to be known as the **Mental Health and Learning Disabilities Committee**. This Committee will focus on all aspects of the Health Board's activities to contribute to the agreement of a strategic direction for mental health, learning disabilities and child and adolescent mental health services (CAMHS) in the areas of Gwent.

1.3 It will monitor the effectiveness and efficiency of service delivery for mental health, learning disabilities and CAMHS services and identify areas for improvement; and will also monitor the appropriate delivery of the functions of Hospital Managers in response to Chapter 11 of the Mental Health Act 1983 (co-ordinated on behalf of the Committee by the Mental Health Act Managers Group).

The detailed terms of reference and operating arrangements set by the Board in respect of this Committee are provided below.

2. Purpose of the Committee

The purpose of the Mental Health and Learning Disabilities Committee, "the Committee" is to:

- **Advise** the Board to assist it in discharging its functions and meeting its responsibilities with regard to mental health, learning disabilities and CAMHS issues and especially the Health Board's compliance with the Mental Health Act 1983, Mental Capacity Act 2005, Equality Act 2010 (where relevant) and associated legislative and statutory frameworks.
- **Hold to account and provide assurance** to the Board that in relation to the health board's arrangements for responding to the above legislation that this is being undertaken appropriately in accordance with its stated objectives and the requirements and standards determined for

the NHS in Wales. In undertaking this work the Committee will have close liaison with other committees of the Board, especially the Patient Quality, Safety and Outcomes Committee.

- **Hold to account and provide assurance** to the Board that the National Dementia Standards are being implemented within the health board.

3. Delegated Powers and Authority

3.1 Committee will, in respect of its provision of advice and assurance to the Board:

- (a) Advise on the development and delivery of high quality and safe mental health and learning disabilities services, consistent with the Board's overall strategic direction and any requirements and standards set for NHS bodies in Wales;
- (b) consider the implications for mental health and learning disabilities care, this will include the implications for the Mental Capacity Act and Dementia Standards, arising from the development of the Board's corporate strategies and plans or those of its stakeholders and partners, including those arising from any Joint (sub) Committees of the Board and statutory partnerships;

3.2 The Committee will, in respect of its assurance role, seek assurances that governance arrangements (including risk management and integration of the Equality Act and Accessibility Standards) are appropriately designed and operating effectively to ensure the provision of high quality, safe and accessible mental and learning disabilities health care and services across the whole of the Board's activities including those services provided for the Board by third sector providers and service provision made by the independent sector.

3.3 To achieve this, the Committee will continually monitor, and seek assurance that the Health Board is complying with legislation to ensure that in relation to all aspects of mental health and learning disabilities provision:

- (a) there is clear, consistent strategic direction, strong leadership and transparent lines of accountability;

- (b) that the Health Board, at all levels (strategic, directorate/division/clinical) has a citizen centred approach, putting patients, patient safety, well-being and safeguarding above all other considerations;
- (c) that the care planned or provided across the breadth of the organisation's functions (including directorate/division/ clinical and partnership steams and those provided by the independent or third sector) are consistently applied, based on sound evidence, are clinically effective and meet agreed standards and legal frameworks;
- (d) that the Health Board, at all levels (directorate/division/clinical/partnership teams) has the right systems and processes in place to deliver, from a patient's perspective - efficient, effective, timely and safe services;
- (e) there is an ethos of continual quality improvement and regular methods of updating the workforce in the skills needed to demonstrate quality improvement throughout the organisation;
- (f) there is good team working, collaboration and partnership working to provide the best possible outcomes for its citizens;
- (g) risks are actively identified and robustly managed at all levels of the organisation and that key risks are escalated appropriately to the Committee and included on a Committee risk register;
- (h) decisions are based upon valid, accurate, complete and timely data and information;
- (i) there is continuous improvement in the standard of quality and safety of mental health and learning disabilities care across the whole organisation and that these are continually monitored;
- (j) all reasonable steps are taken to prevent, detect and rectify irregularities or deficiencies in the quality and safety of mental health and learning disabilities care provided;
- (k) Sources of internal assurance are reliable, e.g., internal audit and clinical audit teams have the capacity and capability to deliver and support mental health and learning disabilities services;

- (l) Recommendations made by internal and external reviewers are considered and acted upon on a timely basis; and
- (m) Lessons are learned from patient safety incidents, complaints, concerns and claims and that these, together with good practice are shared across and out with the organisation; the impact of learning should be measured.

3.4 The Committee will advise the Board of key indicators of mental health and learning disabilities provision against which the Board's performance will be regularly assessed and reported on through Annual Reports.

Authority

3.5 The Committee is authorised by the Board to investigate or have investigated any activity within its terms of reference. In doing so, the Committee shall have the right to inspect any books, records or documents of the Board and primary care practitioners relevant to the Committee's remit and ensuring patient/client and staff confidentiality, as appropriate. It may seek any relevant information from any:

- employee (and all employees are directed to cooperate with any reasonable request made by the Committee); and
- other Committee or Group set up by the Board to assist it in the delivery of its functions.

3.6 The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of representatives from external agencies with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements.

Access

3.7 The Chair of the Mental Health and Learning Disabilities Committee shall have reasonable access to Executive Directors and all other relevant staff, any other Committees, and Groups deemed appropriate by the Committee, and to primary care practitioners.

Sub Groups

- 3.8 The Committee may, subject to the approval of the Health Board, establish sub-committees or task and finish groups to perform specific aspects of Committee business.

In this respect a **Power of Discharge Sub-Committee** will be created. The Health Board, as Hospital Managers, may arrange for their functions under the Mental Health Act to be performed on a day-to-day basis by an Officer or Lay Member on their behalf. These individuals appointed by the Health Board will be known as Associate Hospital Managers and will form the membership of the Power of Discharge Sub-Committee.

The Sub-Committee will report routinely to the Committee for assurance and developmental purposes.

4. Membership

.

4.1. Members

The Committee shall comprise a minimum of four (4) members:

Chair	Independent member of the Board
Vice Chair	Independent member of the Board
Members	At least 2 other independent members of the Board.

The Committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

.

4.2. Attendees

In attendance

Chief Operating Officer
Executive Director of Nursing or Nominated Representative
Medical Director or Nominated Representative
Director of Public Health or Nominated Representative
Divisional Director, Mental Health and Learning Disabilities

Divisional Nurse, Mental Health and Learning Disabilities
General Manager, Mental Health and Learning Disabilities
Clinical Director, CAMHS
General Manager, Families and Therapies Division
Divisional Director, Families and Therapies Division
Head of Nursing Person Centred Care

Others by invitation

The Committee Chair may invite any other Health Board officials and / or any others from within or outside the organisation to attend all or part of a meeting to assist it with its discussions on any particular matter.

4.3. Member Appointments

The membership of the Committee shall be determined by the Board, based on the recommendation of the Health Board Chair and Director of Corporate Governance (Board Secretary), taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.

Members shall be appointed to hold office for a period of one year at a time, up to a maximum of their term of office.

During their period of appointment, a member may resign or be removed by the Board.

5. Support

5.1. Secretariat

Secretariat arrangements will be determined and arranged by the Director of Corporate Governance.

5.2. Advice and Member Support

The Director of Corporate Governance, on behalf of the Committee Chair, shall:

- Arrange the provision of advice and support to Committee members on any aspect related to the conduct of their role; and

- Ensure the provision of a programme of development for the committee itself and committee members.

6. Committee Meetings

6.1. Quorum

At least three of the selected members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice Chair.

6.2. Frequency of Meetings

Meetings will be held quarterly per annum and otherwise as the Chair of the Committee deems necessary consistent with the Health Boards plan of Board business.

6.3. In Committee and withdrawal of individuals in attendance

The Committee Chair may ask any or all of those who normally attend but who are not members of the Committee to withdraw to receive information which may include matters of a sensitive and/or confidential nature.

6.4. Record of the Committee Meeting

A record of the meeting will be presented as notes and action points.

6.5. Public Meetings

The Committee will be open to the public.

7. Relationship and Accountabilities with the Board and its Committees

- 6.1** Although the Board has delegated authority to the Committee for the exercise of certain functions (as set out within these terms of reference), it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens through the effective governance of the organisation.

The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

- 6.2** The Committee will work closely with the Board's other committees, joint and sub committees and groups to provide advice and assurance to the Board through the:
- joint planning and co-ordination of Board and Committee business;
 - sharing of appropriate information; and
 - applicable escalation of concerns.

in doing so, this contributes to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.

- 6.3** The Committee shall embed the Health Board's agreed Values and Behaviours, as set out in the Board's Values and Behaviours Framework, through the conduct of its business.

8. Reporting and Assurance Arrangements

The Committee Chair shall:

- Report formally, regularly and on a timely basis to the Board and the Accountable Officer on the Committee's activities. This includes verbal updates on activity and the submission of committee minutes and written reports throughout the year;
- Bring to the Board and the Accountable Officer's specific attention any significant matters under consideration by the Committee;
- Ensure appropriate escalation arrangements are in place to alert the Health Board Chair, Chief Executive (and Accountable Officer) or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.

The Committee shall provide a written, annual report to the Board and the Accountable Officer on its work in support of the Accountability Report and the Annual Governance Statement, specifically commenting on the adequacy of the assurance arrangements, the integration of governance arrangements and the appropriateness of self-assessment activity against relevant standards. The report will also record the results of the committee's self-assessment and evaluation.

The Board may require the Committee Chair to report upon the Committee's activities at public meetings or to community partners and other stakeholders, where this is considered appropriate, e.g. where the Committee's assurance role relates to a joint or shared responsibility.

The Director of Corporate Governance, on behalf of the Board, shall oversee a process of annual self-assessment and evaluation of the Committee's performance and operation including that of any sub committees established.

9. Applicability of Standing Orders to Committee Business

The requirements for the conduct of business as set out in the Health Board's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum

10. Review

These terms of reference shall be reviewed annually by the Committee with reference to the Board.



Appendix Two

Annual Programme of Business for 2025-26

Mental Health and Learning Disabilities Committee

This Annual Programme of Business has been developed with reference to:

- Aneurin Bevan University Health Board's Standing Orders;
- The Health Board's Integrated Medium-Term Plan and related Annual Delivery Plan;
- The outcomes of the Committee's self-assessment for 2024/25
- The Board's Strategic Risk Register; and
- Key statutory, national and best practice requirements and reporting arrangements.

Area of Focus as per Standing Orders:

The Mental Health and Learning Disabilities Committee will focus on all aspects of the Health Board's activities to contribute to the agreement of a strategic direction for mental health, learning disabilities and child and adolescent mental health services (CAMHS) in the areas of Gwent.

The Committee's purpose is to monitor the effectiveness and efficiency of service delivery for mental health, learning disabilities and CAMHS services and identify areas for improvement; and monitor the appropriate delivery of the functions of Hospital Managers in response to Chapter 11 of the Mental Health Act 1983 (co-ordinated on behalf of the Committee by the Mental Health Act Managers Group).

In respect of the achievement of the Boards' strategic aims, objectives and priorities, the Committee will seek assurance regarding:

- arrangements for discharging its functions and meeting its responsibilities regarding mental health, learning disabilities and CAMHS issues and especially the Health Board's compliance with the Mental Health Act 1983, Mental Capacity Act 2005, Equality Act 2010 (where relevant) and associated legislative and statutory frameworks
- arrangements for responding to the above legislation that this is being undertaken appropriately in accordance with its stated objectives and the requirements and standards determined for the NHS in Wales. In undertaking this work the Committee will have close liaison with other committees of the Board, especially the Patient Quality, Safety and Outcomes Committee
- implementation of the National Dementia Standards within the health board.

MATTERS TO BE CONSIDERED (Report Title)	Lead	Frequency of Report	Schedule of Meetings			
			QTR 1 Apr to June 17/06/25	QTR 2 July to Sept 09/09/25	QTR 3 Oct to Dec 09/12/25	QTR 4 Jan to Mar 24/03/26
Preliminary Matters						
Attendance and Apologies	Chair	SI	✓	✓	✓	✓
Declarations of Interest	Chair	SI	✓	✓	✓	✓
Minutes of the Previous Meeting	Chair	SI	✓	✓	✓	✓
Action Log and Matters Arising	Chair	SI	✓	✓	✓	✓
Committee Governance						
Development of Committee Annual Programme of Business 2025/265	Chair DoCG	AN	✓			
Review of Committee Programme of Business 2025/26	Chair DoCG	SI	✓	✓	✓	✓
Annual Review of Committee Terms of Reference	DoCG	AN				✓
Annual Review of Committee Effectiveness 2025/26	Chair DOCG	AN				✓
Outcome of Annual Review of Committee Effectiveness 2025/26	Chair DoCG	AN				
Committee Annual Report 2025/26	Chair DoCG	AN				Q1, 2026/27
Committee Risk Report	DoCG	SI	✓	✓	✓ D	✓
Committee Core Business						

Mental Health Act Compliance Report <ul style="list-style-type: none"> Engage with other Welsh Health Boards and obtain data on their implementation and use of the Mental Health Act for comparison (Action for December's meeting MHLD/0909/03.2) Ensure duplicate patients, who are detained more than once in a quarter, are highlighted in the data to ensure accurate reporting (Action for December's meeting MHLD/0909/03.2) 	COO	SI	✓	✓	✓	✓
Power of Discharge (PoD) sub-Committee Update	PoD Chair	SI	✓	✓	✓	✓
Annual Benchmarking Report	COO	AN				✓
Right Care Right Person Presentation Update	COO	AN	✓			
Mental Health Services related Performance and Outcomes, including Quality, Safety and Activity	COO	SI	✓	✓	✓	✓
111 Press 2 Performance and Outcomes	COO	AN	✓			

Assurance in respect of Mental Capacity Act and DOLS	DON	Bi-Annua I	✓		✓	
Mental Health Estates Strategy	COO	Bi-Annua I		✓		✓
MH&LD Division: Staff Wellbeing & Engagement	COO	Annua I			✓	
Staff Security, including Violence and Aggression, specific to MH&LD Services staff	COO	AN			✓ D	✓
Assurance in respect of CAMHS Services	COO	Bi-Annua I		✓		✓
Assurance in respect of Dementia Standards	DoN	Bi-Annua I		✓		✓
MH&LD Divisional Risk Report	COO/ DoCG	Bi-Annua I		✓		✓
Maindiff Court Mental Health Inspection report	DoN					✓
Restrictive practice and associated process Report MHLD/1706/06	COO				✓	
Right Care Right Person report to include the progress of phase 3 and anonymised case studies. MHLD/1706/07	COO			✓		
Report on the impact of Robotic Process Automation (RPA) with detail on implementation MHLD/1706/08	COO			✓		

The Mental Health Bill update on the impact on Wales MHLD/1706/10	COO			✓		
Restrictive Practice and Associated process Report MHLD/0909/03.5	COO				✓	
Mental Health Act Bill Update MHLD 2201/5.2	Committee Secretariat					✓
Mental Health Act Compliance Deep Dive on documentation errors, including themes, causes, and training needs (especially relating to locum/agency staff) MHLD 2201/3.2	COO					✓
Mental Health Act Compliance monitor and report back on Section 136 trends and the impact of the <i>Right Care, Right Person</i> approach MHLD 2201/3.2	COO					✓
Mental Health Act Compliance bring forward an update on training programme effectiveness to reduce unlawful and rectifiable errors MHLD 2201/3.2	COO					✓
Mental Health Services Performance provide the Committee with further updates on:	COO					✓

Neurodevelopmental (ND) service pressures, needs-based pathways progress and Waiting list recovery work MHLD 2201/3.3						
Mental Health Services Performance develop quarterly reporting with triangulated data to strengthen oversight of Restrictive practices MHLD 2201/3.3	COO					✓
Mental Health Services Performance ensure a more detailed update on inpatient safety work and related national metrics is brought to a future meeting. MHLD 2201/3.3	COO					✓
Mental Health Maturity Assessment	COO (Paul Solloway to support)					✓
MENTAL HEALTH & LD DIVISION: IMTP Priorities						
Models of Care	COO	Annua I		✓		
Partnerships	COO	Annua I				✓
Quality Improvement	COO	Annua I		✓		
Workforce	COO	Annua I			✓ D	✓
Digital Transformation	COO	Annua I				✓

Lead Officer	
Key	
CEO	Chief Executive
DoCG	Director of Corporate Governance
DoF&P	Director of Finance & Procurement
DoSP&P	Director of Strategy, Planning & Partnerships
COO	Chief Operating Officer
DPH	Director of Public Health
DoT&HS	Director of Therapies & Health Science
DoW&OD	Director of Workforce & Organisational Development
DoN	Director of Nursing
MD	Medical Director
DOD	Director of Digital
HoQI	Head of Quality Improvement for MHLD
Chair	Chair

Frequency of Inclusion	
Narrative of Reason why Included in the FWP – other reasons to be developed as part of FWP discussions	
SI	Standing Item
An	Annual
1/4ly	Quarterly
BI	1/2 yearly
Schedule of Meetings	
v	Scheduled agenda item in FWP
D	Deferred from this agenda
vD	Deferred Scheduled agenda item
W	Withdrawn from FWP
T	Transferred to another Committee
IC	Matter discussed In Committee



Appendix Three

Appendix Three

Mental Health and Learning Disabilities Committee: Attendance at meetings in 2025-26

Attended **Did Not Attend** **Not a Member/Required Attendee**

Meeting Dates	09 April 2025	17 June 2025	09 September 2025	20 January 2026	24 March 2026
Independent Members					
Penny Jones (Chair)					
Paul Deneen					
Philip Robson					
Dafydd Vaughan					
Executive Directors					
Leanne Watkins					
Jennifer Winslade					
Seema Srivastava					
Tracey Daszkiewicz					