

Agenda

09:30 - 09:30 1. PRELIMINARY MATTERS

0 min

1.1. Welcome and Introductions

Oral Chair

1.2. Apologies for Absence

Oral Chair

1.3. Declarations of Interest

Oral Chair

1.4. Draft Minutes of the last Meeting held on 17 June 2025

Chair

 MHLDC 20250909 1.4 MHLDC 20250617 Draft Minutes.doc.pdf (10 pages)

1.5. Committee Action Log

 MHLDC- 20250909 Action Log - Approved.pdf (3 pages)

09:30 - 09:30 2. ITEMS FOR APPROVAL / RATIFICATION / DECISION

0 min

There are no items for inclusion in this section

09:30 - 09:30 3. ITEMS FOR DISCUSSION

0 min

3.1. Review of Committee Programme of Business 2025/26

Director of Corporate Governance

 MHLDC 20250909 3.1 Review of Committee Programme of Work 202526 Cover Report.pdf (4 pages)

 MHLDC 20250909 3.1a - Committee Programme of Work.pdf (6 pages)

3.2. Mental Health Act Compliance Report

Chief Operating Officer

 MHLDC 20250909 3.2 Mental Health Act Compliance Report.pdf (4 pages)

 MHLDC 20250909 3.2a MHA Update Report Q1 2025-26 v1 (002).pdf (35 pages)

3.3. Mental Health Services related Performance and Outcomes Report

Chief Operating Officer

 MHLDC 20250909 3.3 Mental Health Services Related Performance and Outcomes Report.pdf (6 pages)


3.4. Child and Adolescent Mental Health Services related Performance and Outcomes Report

Divisional General Manager

 MHLDC 20250909 3.4 Child and Adolescent Mental Health Services Performance Report.pdf (9 pages)

3.5. Overview of Quality Improvement

Chief Operating Officer

 MHLDC 20250909 3.5 Overview of Quality Improvement.pdf (7 pages)

3.6. Chief Operating Officer Update Report, including: • Right Care, Right Person, Phase 3 • MH Bill

Chief Operating Officer


 MHLDC 20250909 3.6 Chief Operating Officer Update Report.pdf (5 pages)

 MHLDC 20250909 3.6 Chief Operating Officer Update Report appendix 1 RCRP Update.pdf (4 pages)

3.7. Dementia Standards Assurance Report

Director of Nursing

 MHLDC 20250909 3.7 Dementia Annual Report for Assurance September 2025.pdf (7 pages)

 MHLDC 20250909 3.7a Dementia Annual Report.pdf (29 pages)

 MHLDC 20250909 3.7b Dementia Standards Pathway.pdf (20 pages)

09:30 - 09:30 4. ITEMS FOR INFORMATION

0 min

4.1. Power of Discharge (PoD) Sub-Committee Update

PoD Chair

 MHLDC 20250909 4.1 Power of Discharge (POD) Sub-Committee Update.pdf (6 pages)

09:30 - 09:30 5. OTHER MATTERS

0 min

Chair

5.1. Items to be Brought to the Attention of the Board and other Committees

Chair

5.2. Any Other Urgent Business

Chair

5.3. Date of the Next Meeting: 09 December 2025



**CYFARFOD BWRDD IECHYD PRIFYSGOLN
ANEURIN BEVAN/ANEURIN BEVAN UNIVERSITY
HEALTH BOARD MEETING**

**MINUTES OF THE MENTAL HEALTH AND
LEARNING DISABILITIES COMMITTEE**

DATE OF MEETING	Tuesday 17 th June 2025 13:30-15:45
VENUE	Microsoft Teams

PRESENT	Penny Jones, Chair
	Paul Deneen, Vice Chair
	Dafydd Vaughn, Independent Member
IN ATTENDANCE	Phillip Robson, ABHUB Vice Chair
	Leanne Watkins, Chief Operating Officer
APOLOGIES	Jennifer Winslade, Director of Nursing
	Rani Dash, Director of Corporate Governance
	Tracey Partridge-Wilson, Deputy Director of Nursing
	Louise Turner, Divisional Director of Mental Health and Learning Disabilities
	Rebecca Goode, Head of Operational Transformation
	Kolade Gamel, Service Group Manager
	Kavitha Pasunuru, Divisional Director
	Helen Doodoo, General Manager, Mental Health and Learning Disabilities
	Naomi Murtagh, Board Business Manager
	Fern Woodhead, Governance Support Officer
	Tracy Daszkiewicz, Director of Public Health
	James Calvert, Medical Director
	OBSERVING

MHLD/1706/01	Welcome and Introductions
	The Chair welcomed everyone to the meeting.
	Apologies for Absence
	Apologies for absence were noted.
Declarations of Interest	
	There were no Declarations of Interest raised relating to items on the agenda.



<p>MHLD/1706/02</p>	<p>Draft Minutes of 9th April 2025 Meeting</p> <p>The minutes of the Mental Health and Learning Disabilities Committee held on 9th April 2025 were agreed as a true and accurate record of the meeting.</p> <p>The Committee APPROVED the minutes.</p>
<p>MHLD/1706/03</p>	<p>Committee Action Log</p> <p>The Committee received the action log and was content with progress made in relation to completed actions and against any outstanding actions.</p> <p>The Committee NOTED the action log.</p>
<p>MHLD/1706/04</p>	<p>Committee Forward Workplan 2025/26</p> <p>Rani Dash (RD), Director of Corporate Governance, provided the Committee with an overview of the Committee forward workplan for 2025/26, advising the workplan covers the areas of responsibility delegated to the Committee and outlines the initial focus for the year ahead.</p> <p>The Committee was advised that the workplan would come to each Committee meeting for oversight.</p> <p>The Committee APPROVED the Committee work plan and NOTED that it would be brought forward to each future Committee meeting for oversight.</p>
<p>MHLD/1706/05</p>	<p>ABUHB Mental Health Act Compliance Report</p> <p>Louise Turner (LT), Divisional Director of Mental Health and Learning Disabilities, provided the Committee with an overview of the Mental Health Act Compliance report for quarter 4 January–March 2025.</p> <p>LT highlighted that general activity and detentions under the Act were higher but within normal variation. There was a higher usage of Section 4, and efforts were being made to reduce this by working with consultants and section 12 doctors. Phillip Robson (PR), ABUHB Vice Chair, suggested that there was a need for the Committee to monitor closely the use of section 4 as an increase may indicate pressures on the Division. Leanne Watkins (LW), Chief Operating</p>



Officer, confirmed that the Health Board had been under pressure, as had the rest of Wales.

LT noted that the usage of Section 136 had been slightly higher than average but was not a cause for concern. The Committee was informed of efforts ongoing to promote the use of core services, including 111 press 2.

The Committee was advised that hospital managers meetings were now being held with 10 new hospital managers recruited, which had resulted in significant progress in reducing the backlog of cases and improving the capacity. Paul Deneen (PD), Independent Member, commended the Mental Health Act team for their efforts in recruiting hospital managers and reducing the backlog.

Paul Deneen (PD), Independent Member, highlighted ongoing issues with receiving copies of executed Section 135 warrants. Louise Turner, Divisional Director, agreed to further discussions with the police and courts to address this.

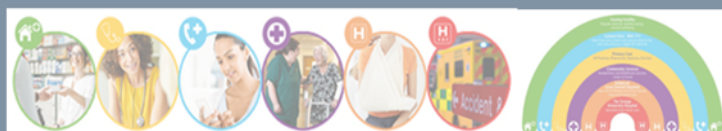
The Committee **NOTED** the information provided on the use of the Mental Health Act, noting the ongoing efforts to manage compliance, address system pressures, and improve processes in collaboration with partners.

MHLD/1706/06

HIW Mental Health Act Annual Report – ABUHB Response

Louise Turner (LT), Divisional Director of Mental Health and Learning Disabilities, presented the report, advising that it provided insight into the challenges faced by Mental Health and Learning Disability services, including community-based care. Alongside these challenges, the report also highlighted numerous positive developments. LT commended the continued dedication and resilience of the workforce, who remain committed to delivering high-quality care and treatment in a continually evolving environment.

The Committee was advised that throughout 2023/24 HIW had conducted 26 onsite inspections across a range of healthcare settings, including both NHS and independent



hospitals and an overview was provided of the action plan based on the HIW recommendations for improvements.

Leanne Watkins (LW), Chief Operating Officer, advised the Committee that there were still improvements required in the division with the Health Board continuing to work towards meeting the standards of quality. Assurance was provided that the division was undertaking internal self assessments to ensure the Health Board was improving on quality and would continue to monitor the action plan.

Phillip Robson (PR), ABUHB Vice Chair, highlighted the importance of addressing least restrictive practice areas within the division and requested for a report on the topic along with a process update at a future meeting.

Action: Chief Operating Officer/Committee Secretariat

The Committee **NOTED** the self-assessment, associated RAG rating, the recommendations and actions that would be integrated within the Divisional Improvement Plan and the governance and assurance mechanisms in place to monitor progress against the agreed recommendations and actions.

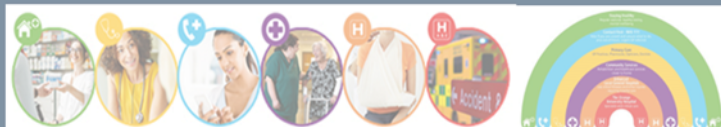
Right Care Right Person

Kolade Gamel (KG), Service Group Manager, provided the Committee with an update of the implementation of the Right Care, Right Person (RCRP) approach within the Health Board.

The RCRP model had been developed by Humberside Police, with the aim to ensure that individuals experiencing health or social care crises receive the most appropriate response from the right professional. The approach had been adopted nationally across Wales, with the Health Board working closely with Gwent Police and local authorities to implement the model locally.

The implementation consisted of the following four phases:-

- Phase 1: Triage and call handling – successfully implemented with strong engagement from police partners;



- Phase 2: Development of a joint Missing Persons Policy – signed off by both ABUHB and Gwent Police;
- Phase 3: Conveyance and transport of individuals – identified as the most complex phase and would be deferred for later implementation due to operational and financial challenges;
- Phase 4: Section 135 and 136 procedures – completed and operational.

The Committee noted that there were regular multi-agency meetings involving police, local authorities, and third-sector organisations, where the forum had enabled shared learning and problem-solving around the operational issues. In addition, the Health Board had received positive feedback from third-sector partners, particularly regarding the clarity of roles and responsibilities and the ability to advocate for patients more effectively.

KG highlighted that during implementation there had been challenges due to not receiving additional funding which had created pressure on the Health Board in supporting the approach. In particular for phase 3 where further planning was required to ensure 24/7 coverage, currently the Health Board were deploying transport alongside the police to have to ensure patients are brought to safety.

Penny Jones (PJ), Chair, requested that a future report be brought to the Committee, to include update on the progress of phase 3 and anonymised case studies.

Action: Chief Operating Officer/Committee Secretariat

The Committee **NOTED** the update on right care right person.

MHLD/1706/08

Mental Health Services related Performance and Outcomes

The Committee was provided with an update on the performance and outcomes of Adult Mental Health Services, including Child and Adolescent Mental Health Services (CAMHS).

Adult Mental Health Services:



Louise Turner (LT), Divisional Director of Mental Health and Learning Disabilities, informed the Committee that the division had made significant progress in delivering its 2024/25 priorities. These priorities included quality improvement initiatives and advancements in digital innovation. LT reported that the division had achieved the 90% target for both Part 1A (assessment in primary care) and Part 1B (intervention within 28 days), marking a notable improvement in service accessibility and timeliness.

The Committee was advised that work was still ongoing to improve compliance with Care and Treatment Planning and to reduce waiting times for psychological therapies. A review of delivery models and workforce planning was underway to support sustainable service delivery and digital transformation.

Kolade Gamel (KG), Service Group Manager, advised the Committee that psychological therapies were tailored to individual needs and may include clinical psychology, occupational therapy, or peer support. The single point of access aimed to streamline early intervention and reduce reliance on secondary care.

The Committee requested a short report on the impact of Robotic Process Automation (RPA) with more detail on implantation to come to the next Committee meeting.

Action: Chief Operating Officer/ Divisional Director of Mental Health and Learning Disabilities/Committee Secretariat

CAMHS:

Kavitha Pasunuru (KP), Divisional Director, advised the Committee that CAMHS had achieved full compliance with Part 1A and 1B targets and was the only Health Board in Wales to meet the neurodevelopmental target.

The Committee noted that a new neurodiversity early support hub had been launched to provide support with or without a formal diagnosis and a task and finish group was reviewing the under-5s pathways to improve efficiency and reduce waiting times.



MHLD/1706/09

KP informed the Committee that the Health Board was experiencing increased pressure related to children's diagnostic referrals. In response, cases were being prioritised individually, with close collaboration taking place with schools. KP emphasised the importance of distinguishing between children who require formal diagnostic assessments and those who would benefit from support without a diagnosis. The approach is being guided by the Portsmouth model.

The Committee **NOTED** the update on Mental Health services and CAMHS.

111 Press 2 Performance and Outcomes

Kolade Gamel (KG), Service Group Manager, provided the Committee with an update on the 111 press 2 performance and outcomes, advising that the service was a single point of access for Mental Health support. The service had been recognised as a significant success within the Health Board and continued to demonstrate strong performance metrics.

The Committee was advised that 96% of calls received by the service were resolved at the initial contact, with only 4% escalating to a practitioner, indicating the effectiveness of triage and early intervention. Of the 4% of cases escalated to a practitioner, over 50% were seen within four hours, with the remainder seen within the 72-hour target window. While Gwent received a high volume of calls due to its size, comparative data with other Health Boards was not available.

The Committee was advised that the majority of abandoned calls occurred within the first two minutes of phoning, and that it was often due to callers deciding not to proceed after hearing the options, rather than due to access issues.

KG advised the Committee that the team were working toward establishing a 24/7 integrated care offer, with aspirations to achieve it by the end of the year.

The Committee **NOTED** the performance of the 111 press 2 service.



Tracey Partridge-Wilson (TPW), Deputy Director of Nursing, provided the Committee with an update of Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DOLS), to provide assurance on the implementation of MCA in clinical practice and outline the governance structure in supporting compliance and training.

The Committee noted that the MCA and DOLS were legal processes established in 2005, with an expectation of transitioning to Liberty Protection Safeguards (LPS), which had been delayed.

TPW advised the Committee of the positive work that been completed, highlighting that the Health Board had an MCA specialist team providing expert advice, with an MCA training programme which was seeing a good uptake. An active governance mechanism was in place that included an MCA regional forum, safeguarding group and reporting to national bodies.

The Committee noted the following risks:-

- DOLS backlog in hospital settings risk - patients being deprived of their liberty without legal authorisation.
- Human rights and safeguarding risk – incomplete documented capacity assessments which left patients vulnerable.
- Financial risk – the consortium funding model placed disproportionate cost pressures on the Health Board with specialist assessments remaining expensive.
- Governance risk- accountability remained fragmented with operational responsibility had been spread across the Health Board divisions that was creating insufficiencies and delays.
- Workforce risk – capacity had reduced due to not having enough trained signatories and hospital based assessments were critically under delivered.

The Committee was assured that a more detailed report on DOLS would be going to the Executive Committee to continue to escalate the risks.

Jennifer Winslade (JW), Director of Nursing, advised the Committee that the delays in DOLS assessments with hospitals were due to the speciality being in the community



	<p>and the financial risk required an assessment and review with the Executive team. Phillip Robson (PR), ABUHB Vice Chair, suggested involving the Regional Partnership Board (RPB) to address the multi-agency nature of the issue and explore potential resource injections.</p> <p>Louise Turner (LT), Divisional Director of Mental Health and Learning Disabilities, advised the Committee that the Mental Health bill was currently being review by the UK parliament and would affect Wales. LT assured the Committee that once released an update would come to the Committee for oversight.</p> <p>Action: Chief Operating Officer/ Divisional Director of Mental Health and Learning Disabilities/Committee Secretariat</p> <p>The Committee acknowledged the areas of good practice and NOTED the significant delays in DoLS assessments, particularly in hospital settings, and the associated legal and human rights risks and the intent to present an SBAR to the Executive Committee on the current DoLS arrangements and options for improvement.</p>
MHLD/1706/11	<p>Power of Discharge Sub-Committee</p> <p>The Committee NOTED for information and noted the next meeting would be in July 2025.</p>
MHLD 1706/12	<p>Mental Health & Learning Disabilities Final Internal Audit Report</p> <p>The Committee NOTED for information.</p>
MHLD/1706/13	<p>Items to be Brought to the Attention of the Board and Other Committees</p> <p>There were no key risks or issues for reporting or escalation to the Board or other Committees.</p>
MHLD/1706/14	<p>Any Other Urgent Business</p> <p>There was no urgent business.</p>
MHLD/1706/15	<p>Date of the Next Meeting: 9th September 2025</p>





Outstanding	Overdue: In Progress	Not Due	Completed	Transferred to another Committee
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Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
June 2025	MHLD/1706/06	<p>HIW Mental Health Act Annual Report – ABUHB Response</p> <p>A report to be brought to the Committee on restrictive practice and associated process at a future meeting.</p>	Chief Operating Officer/ Committee Secretariat	September 2025	<p><u>August Update</u></p> <p>This item has been scheduled for the December meeting.</p>
June 2025	MHLD/1706/07	<p>Right Care Right Person</p> <p>A report be brought to the Committee, to include an update on the progress of phase 3 and anonymised case studies.</p>	Chief Operating Officer/ Committee Secretariat	September 2025	<p><u>August Update</u></p> <p>Item is on the agenda for the September meeting and is included in the COO Report.</p>



Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
June 2025	MHLD/1706/08	<p>Mental Health Services related Performance and Outcomes</p> <p>A short report on the impact of Robotic Process Automation (RPA) with detail on implementation to come to the next Committee meeting.</p>	Chief Operating Officer/ Divisional Director of Mental Health and Learning Disabilities/ Committee Secretariat	September 2025	<p><u>August Update</u></p> <p>Committee has been provided with an update via an email from the Division.</p>
June 2025	MHLD/1706/10	<p>Assurance in respect of Mental Capacity Act and DOLS</p> <p>It was noted as part of this discussion the Mental Health Bill was being considered by the UK parliament and would affect Wales upon implementation, once released</p>	Chief Operating Officer/ Divisional Director of Mental Health and Learning Disabilities/ Committee Secretariat	September 2025	<p><u>August Update</u></p> <p>Item has been added to the agenda for the December meeting and in the interim, there will be a brief update in the Chief Operating Officer's Report in September 2025 and further updates will follow in due course.</p>



Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
		an update to be shared with the Committee for oversight. In the interim there will be a brief update in the Chief Operating Officer's Report and further updates will follow in due course.			

All actions in this log are currently active and are either part of the Committee's forward work programme or require more immediate attention, such as an update on the action or confirmation that the item scheduled for the next Committee meeting will be ready.

Once the Committee is assured that an action is complete, it will be removed. This will be agreed at each Committee meeting.



DYDDIAD Y CYFARFOD: DATE OF MEETING:	09 September 2025
CYFARFOD O: MEETING OF:	Mental Health and Learning Disabilities Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Mental Health and Learning Disabilities Committee – Review of Committee Forward Work Plan 2025/26
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Director of Corporate Governance
SWYDDOG ADRODD: REPORTING OFFICER:	Governance Support Officer

**Pwrpas yr Adroddiad
Purpose of the Report**

Er Gwybodaeth/For Information

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The Mental Health and Learning Disabilities Committee is asked to review the agreed Committee Forward Work Plan appended to this report as **Appendix A**.

The Forward Work Plan has been developed with due regard to recommendations from the Committee Self-Assessment 2024/25 and to enable the Committee to: -

- Fulfil its Terms of Reference;
- Seek assurance and provide scrutiny on behalf of the Board, in relation to those items identified within the Committees terms of reference, and,
- Seek assurance that governance, risk, and assurance arrangements are in place and working well.

Cefndir / Background

In line with good governance practice, the Mental Health and Learning Disabilities Committee has a Forward Work Plan that has been developed to ensure statutory requirements for items of Committee business are scheduled in across the

year. The Forward Work Plan can therefore be utilised as a tool for informing and pre-empting committee business and support the agenda setting process.

The Committee will support the Health Board in discharging its accountabilities and responsibilities for the achievement of the Health Board’s objectives and organisational requirements in accordance with the standards of good governance determined for the NHS in Wales.

As appropriate, the Committee will advise the Board and the Accountable Officer (Chief Executive) on where and how its system of governance and assurance may be strengthened and further developed.

Where required, the Committee will provide accurate, evidence based (where possible) and timely advice to the Board in respect of citizen experience and the quality and safety of directly provided and commissioned services.

During the period of July to September the following requests and/or changes to the Forward Work Plan have been included:

Additions to the Forward Work Programme:

- The Restrictive practice and associated process report has been added to the Committee’s agenda for its December 2025 meeting.
- Right Care Right Person to include the progress of phase 3 and is included as part of the Chief Operating Officer’s report with a brief presentation as an appendix in the September 2025 meeting.
- An update on the impact of Robotic Process Automation (RPA) was circulated to Committee members outside the Committee to raise awareness of the workarounds necessitated by system limitations
- An update on The Mental Health Bill and the impact on Wales has been added to the Committee’s agenda for its September 2025 meeting.

Argymhelliad / Recommendation

The Committee is requested to **NOTE** the updated Mental Health and Learning Disabilities Committee Forward Work Plan as provided in **Appendix A**.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	The monitoring and reporting of committee business is a key element of the Health Boards assurance framework
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.

Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. The Committee Forward Programme monitors delivery of objectives.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Choose an item. Choose an item. Choose an item. Choose an item. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	N/A
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	N/A

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper No does not meet requirements
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working	Choose an item. Choose an item. Not applicable to this report

<https://futuregenerations.wales/about-us/future-generations-act/>



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			✓	✓

Committee Core Business						
Mental Health Act Compliance Report	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-Annual	✓		✓	
Mental Health Estates Strategy	COO	Bi-Annual		✓		✓
MH&LD Division: Staff Wellbeing & Engagement	COO	Annual			✓	
Staff Security, including Violence and Aggression, specific to MH&LD Services staff	COO	AN			✓	
Assurance in respect of CAMHS Services	COO	Bi-Annual		✓		✓
Assurance in respect of Dementia Standards	DoN	Bi-Annual		✓		✓

MH&LD Divisional Risk Report	COO/ DoCG	Bi- Annual Action		✓		✓
Restrictive practice and associated process Report MHLD/1706/06	COO	Action			✓	
Right Care Right Person report to include the progress of phase 3 and anonymised case studies. MHLD/1706/07	COO	Action		✓		
Report on the impact of Robotic Process Automation (RPA) with detail on implementation MHLD/1706/08	COO	Action		✓		
The Mental Health Bill update on the impact on Wales MHLD/1706/10	COO	Action		✓		
MENTAL HEALTH & LD DIVISION: IMTP Priorities						
Models of Care	COO	Annual		✓		
Partnerships	COO	Annual				✓
Quality Improvement	COO	Annual		✓		
Workforce	COO	Annual			✓	
Digital Transformation	COO	Annual				✓

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	09 September 2025
CYFARFOD O: MEETING OF:	Mental Health and Learning Disabilities Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Mental Health Act Update Report Q1 2025-26
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Leanne Watkins, Chief Operating Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Louise Turner, Divisional Director MH&LD

Pwrpas yr Adroddiad
Purpose of the Report

Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The report provides activity information on the use of the Mental Health Act over Quarter 1, April – June 2025 and provides a comparison of activity over the previous quarter. Where available, other information sources will be used in order to highlight any trends, patterns or variation over time.

The report is presented to provide assurance to the Committee on the compliance with the legislative requirements of the Mental Health Act.

Implementation of the Mental Health Act Bill is also referenced noting that Health Boards will need to be compliant with the requirements of the Bill, which is due to receive Royal Assent in October 2025. Implementation is expected to commence from July 2026 onwards using a phased approach.

Cefndir / Background

This report provides assurance in respect of the work that has been undertaken by Mental Health and learning Disabilities (MHL) Services during the quarter, that those functions of the Mental Health 1983 (the Act) which have been delegated to officers and staff, are being carried out correctly; and that the wider operation of the 1983 Act in relation to the Local Health Board's area is operating properly.

The hospital managers must ensure that patients are detained only as the Act allows, that their treatment and care is fully compliant, and that patients are fully informed of, and are supported in exercising their statutory rights. Hospital Managers must also ensure that a patient's case is managed in line with other legislation which may have an impact, including the Human Rights Act 1998 and the Data Protection Act 1998.

The Health Board requires that a quarterly report is submitted that summarises the work of the Mental Health Act department and provides assurance that legislative duties have been fulfilled.

Asesiad / Assessment

This report is designed to provide information on trends and analysis of the use of the Mental Health Act and associated processes and to provide assurance to the Health Board that there are adequate governance arrangements in place to ensure the fair and lawful application of the act. The Mental Health and Learning Disabilities Division will continue to develop and refine the report as required.

The full quarterly report is attached, and identifies a number of themes for discussion, these are summarised below:

- General activity and detentions under the Act during this period were higher than average, however this was in line with normal variation in activity between periods with no specific underlying reasons identified.
- There has been a 50% decrease in the use of Section 4 demonstrating that the remuneration agreement for additional section 12 work during working hours continues to make a positive impact. Section 4 detentions are monitored closely by Health and Local Authorities and regularly discussed at the Mental Health Delivery Group meeting.
- The use of Section 136 continues to be higher than average, however no specific reasons have been identified for this increase. The number of repeat 136 detentions has increased from 9 in quarter 4 to 13 this quarter. The Adult Directorate are continuing to engage with multi agency partners to seek alternatives to the 136 process for frequent attenders.
- There has been a 78% (27 in Q4 to 6 in Q1) decrease in the number of rectifiable errors this quarter, demonstrating that the enhanced ward staff training being conducted by the MHA Administration Department around the receipt and scrutiny of MHA documentation has been effective in reducing the number of rectifiable errors. Training sessions commenced May 2025 and to ensure this trend continues a new programme of training is planned for Autumn 2025 around receipt and scrutiny, consent to treatment and tribunal reports.
- Hospital Managers hearings are continuing to be held on a regular basis with 17 hearings held within the quarter. The Division is pleased to report only 3 hearings are outstanding with dates allocated for the first week of August 2025.

- There has been a higher-than-average increase in the number of CTO's, increasing from 6 in quarter 4 to 15 this quarter. There has been no specific underlying reason identified for this.

Mental Health Act Bill

The Mental Health Act Bill 2025 aims to reform the Mental Health Act 1983 by modernising mental health legislation across England and Wales. The Bill will address rising detention rates, racial disparities, and the inadequate treatment of individuals with learning disabilities and autism. The Bill promotes choice and autonomy, ensuring least restrictive care, delivering therapeutic benefit, and treating individuals with dignity and respect. For health boards, the implications are significant. This will include: new duties such as enhanced care planning, and the involvement of 'Nominated Persons' in care decisions, staff, tighter criteria for Community Treatment Orders (CTOs), aiming to reduce their inappropriate use. Staff training is crucial to ensure the Health Board meets the new requirements set out in the Bill. The implementation timeline is phased, with updates to the Code of Practice, new criteria for Tribunal referrals and introduction of the nominated person module are expected to begin in July 2026.

The MH&LD Division is currently scoping the likely impact of the Bill and will update further in future meetings.

Argymhelliad / Recommendation

The Committee is asked to receive the information provided on the use of the Mental Health Act.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability 2. Safe Care 4. Dignified Care 7.1 Workforce
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Choose an item.

Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Choose an item. Choose an item. Choose an item. Choose an item.
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Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	The Mental Health Act (1983) Mental Health Act Code of Practice for Wales (Revised 2016)
Rhestr Termau: Glossary of Terms:	Included within the body of the report.
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	N/A

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Integration - Considering how the public body's well-being objectives may impact upon each of the well-being goals, on their objectives, or on the objectives of other public bodies Collaboration - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives



**Report on the use of
The Mental Health Act, 1983**

April – June 2025

(Quarter 1)

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1. Introduction

This report provides information relating to the use of the Mental Health 1983 (the Act) within Aneurin Bevan University Health Board during Quarter 1, 2025/26. The purpose of the report is to ensure that the Mental Health Act 1983 is being carried out and operating properly within the health board.

2. Summary

There has been a combination of trends in quarter 1 2025/26. These have been summarised below:

- General activity and detentions under the Act during this period were higher than average, however this was in line with normal variation in activity between periods with no specific underlying reasons identified.
- There has been a 50% decrease in the use of Section 4 demonstrating that the agreement of remuneration for additional section 12 work during working hours continues to make an impact. The number of Section 4 detentions is monitored closely by Health and Local Authorities and is regularly discussed at the Mental Health Delivery Group meeting.
- The use of Section 136 continues to be higher than average, however no specific reasons has been identified for this increase. The number of repeat 136 detentions has increased from 9 in quarter 4 to 13 this quarter. The Adult Directorate are continuing to engage with multi agency partners to seek alternatives to the 136 process for frequent attenders.
- Hospital Managers hearings are continuing to be held on a regular basis with 17 hearings held within the quarter. The backlog has significantly decreased with only 3 hearings outstanding however these have all been booked and are on course to be completed by the 13th August 2025.

- There has been a higher-than-average increase in the number of CTO's, increasing from 6 in quarter 4 to 15 this quarter. There has been no specific underlying reason identified for this.

Use of the different sections are shown in the table below. These are in comparison to average numbers based over the previous 5 years (April 2020 – June 2025).

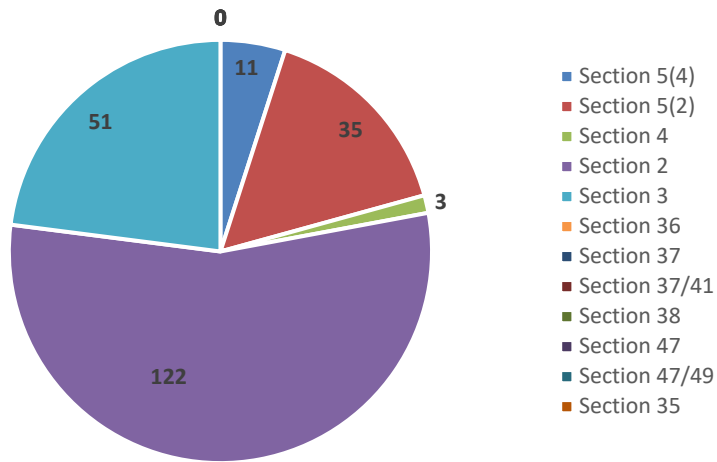
Section of MHA	Average per Qtr.	Qtr. 1	Trend	Notes
5(4)	10	11	↑	A slightly higher than average use of these holding powers.
5(2)	32	35	↑	A slightly higher than average use of these holding powers.
2	122	122	—	An average number of patients were detained on Section 2 during the quarter.
3	47	51	↑	A higher than average use of this section.
4	3	3	—	An average number of patients were detained on Section 4 during the quarter.
17A (CTO)	6	15	↑	A higher than average number of CTO patients during the quarter.
135	4	2	↓	A slightly lower than average use of this section, however there are data completeness issues with the gathering of Section 135 data.
136	85	109	↑	A higher than average use of this section.
Part III	3	0	↓	There were 0 part III detentions during this quarter.

3. Findings and Information

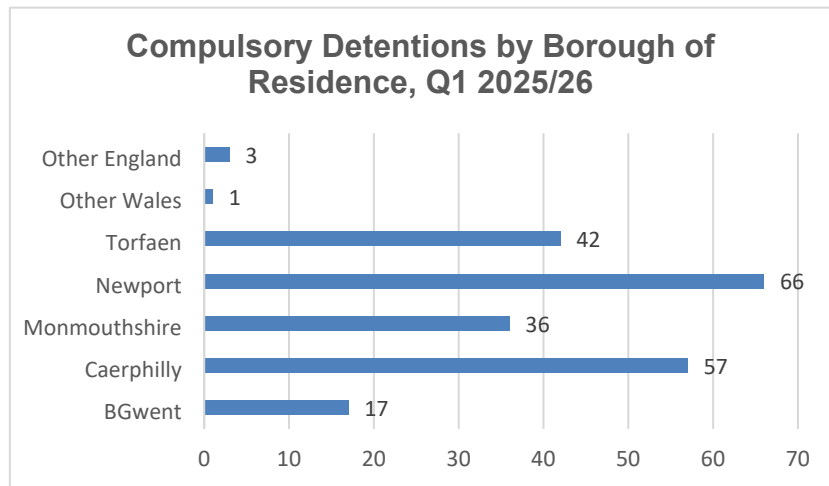
3.1 Inpatient Mental Health Act Activity, Q1 2025/26

Data on the use of compulsory admission under the MHA by quarter is show below. The pie chart provides a high-level summary on the use of the Act by section across all ages/specialities in the Health Board.

**Total Compulsory Admissions
Q1 2025/26, April - June**



A breakdown of all compulsory admissions by borough of residence of each patient is shown below. This shows that there is some variation in the number of detentions by borough in comparison to population size. Newport had the highest number of detentions per population.



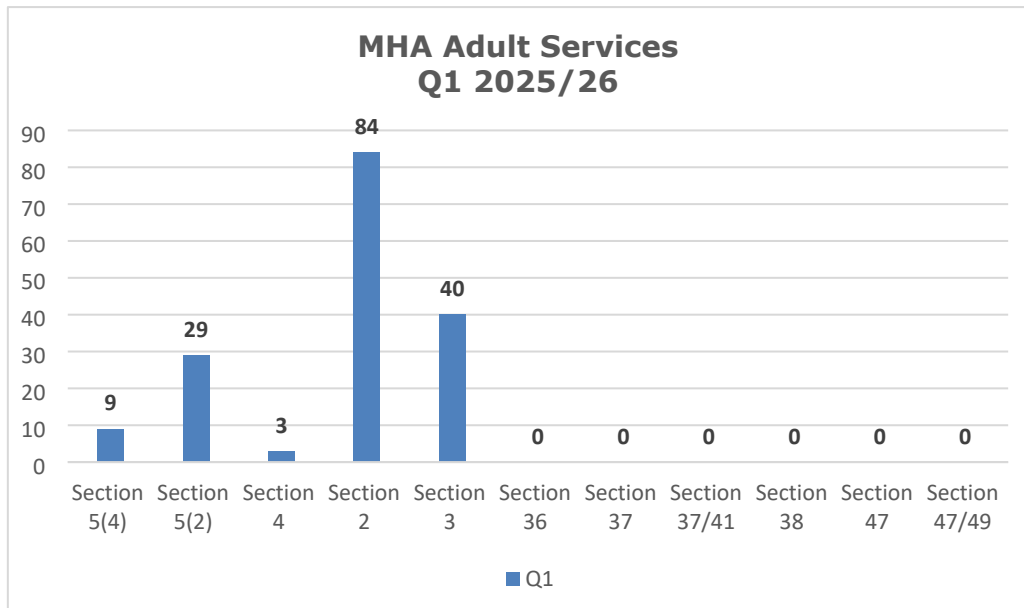
Borough	Detentions Q1 2025/26	Population (000's)	Detentions per 1,000 population Q1 2025/26 (Previous Qtr.)
Caerphilly	57	176	0.3 (0.4)
Newport	66	163	0.4 (0.4)
Monmouthshire	36	94	0.4 (0.5)
Torfaen	42	93	0.5 (0.4)
Blaenau Gwent	17	67	0.3 (0.4)

In comparison to the previous quarter there has been a 7% decrease in the overall number of patients detained under the Act. Compared to the same quarter of last year (24/25) there has been a 10% decrease.

Section	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q4 2024/25	Q1 2025/26
Section 5(4)	15	11	14	9	11
Section 5(2)	41	34	33	31	35
Section 4	5	4	5	6	3
Section 2	133	125	124	140	122
Section 3	49	56	41	48	51
Section 35	1	0	0	0	0
Section 36	0	0	0	1	0
Section 37	1	2	1	0	0
Section 37/41	1	1	2	3	0
Section 38	0	0	0	0	0
Section 47	1	1	0	0	0
Section 47/49	0	0	0	0	0
Section 48	0	0	0	0	0
Section 48/49	0	0	0	0	0
TOTAL	247	234	220	238	222

3.1.1 MH Adult Compulsory Admissions under the MHA 1983

A breakdown of all compulsory admissions to mental health wards of all adults under 65 years of age is shown in the chart and table below. It can be seen that just over half (51%) of all admissions are under Section 2 (Assessment) of the MHA, with 24% of detentions under section 3 (Treatment) and 3% under Section 4. 23% of all adult detentions were under Section 5 of the Act. There was an overall decrease (2%) in the number of detentions compared to the previous quarter.

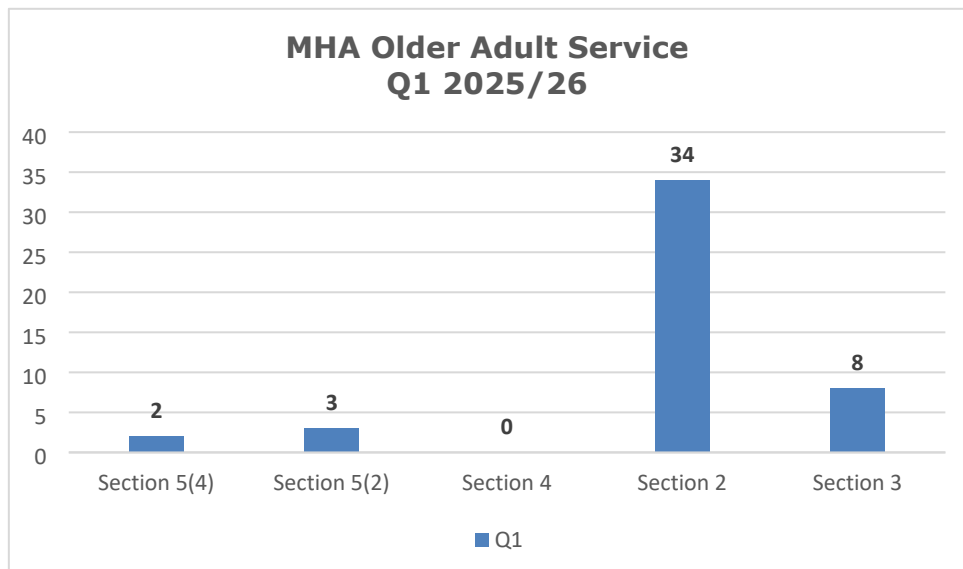


Section	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q4 2024/25	Q4 2024/25
Section 5(4)	13	8	10	8	9
Section 5(2)	37	31	32	28	29
Section 4	4	2	3	4	3
Section 2	99	79	86	90	84
Section 3	40	42	23	35	40
Section 35	1	0	0	0	0
Section 36	0	0	0	1	0
Section 37	1	2	1	0	0
Section 37/41	1	1	2	3	0
Section 38	0	0	0	0	0
Section 47	1	1	0	0	0
Section 47/49	0	0	0	0	0
Section 48	0	0	0	0	0
Section 48/49	0	0	0	0	0
TOTAL	197	166	157	169	165

3.1.2 MH Older Adult Compulsory Admissions under the MHA 1983

Within the older adult population patients admitted and detained, 89% were admitted under Sections 2 or 3 of the MHA with 10% admitted under Section

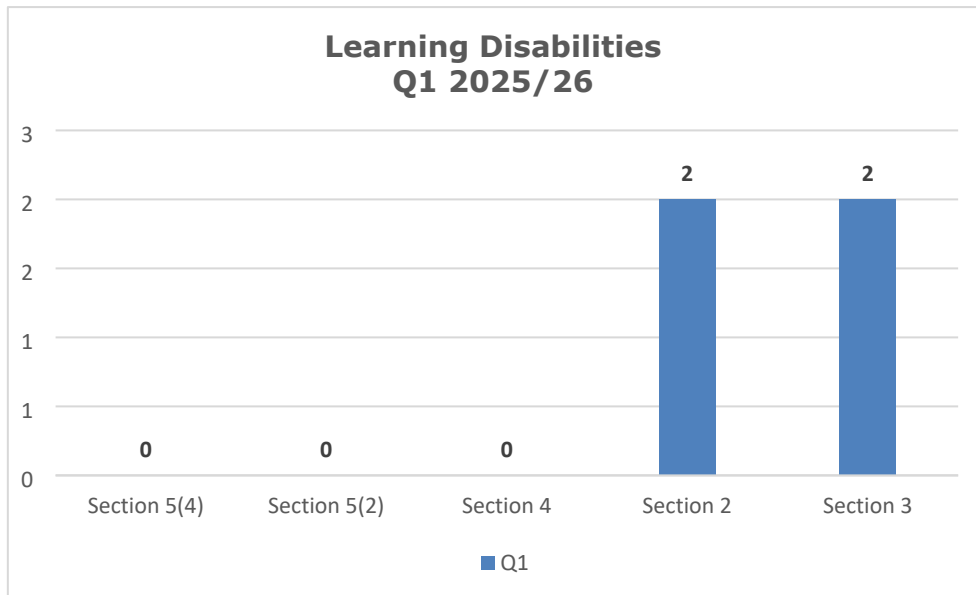
5 provision. There was a 24% decrease in the number of detentions compared to the previous quarter.



Section	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q4 2024/25	Q1 2025/26
Section 5(4)	2	3	4	1	2
Section 5(2)	4	2	1	3	3
Section 4	1	2	2	2	0
Section 2	32	37	33	45	34
Section 3	9	13	18	11	8
TOTAL	48	57	58	62	47

3.1.3 Learning Disabilities Compulsory Admissions under the MHA 1983

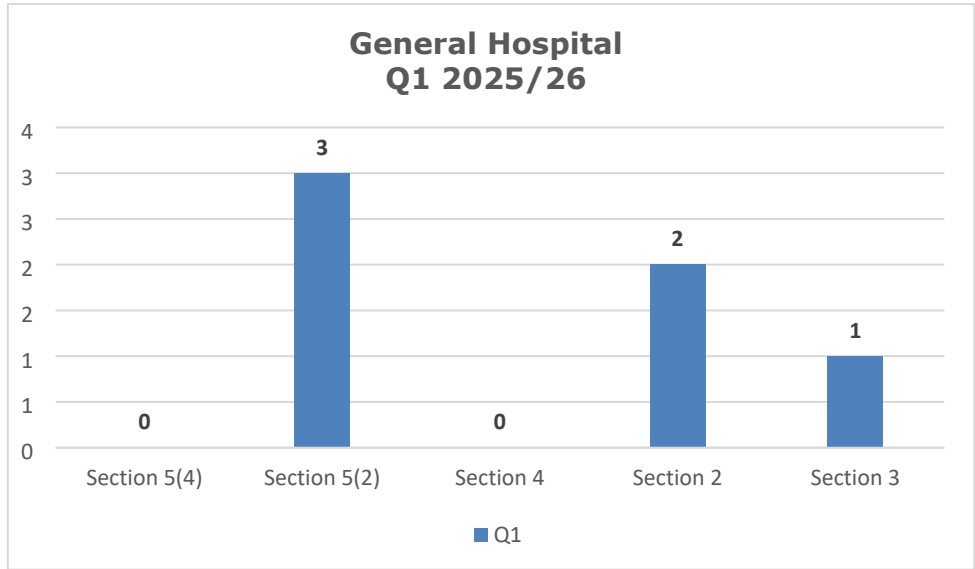
For individuals with a learning disability requiring admission under the MHA, 100% were admitted under Sections 2 or 3 of the MHA. There was a 20% decrease in the number of detentions compared to the previous quarter.



Section	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q4 2024/25	Q1 2025/26
Section 5(4)	0	0	0	0	0
Section 5(2)	0	0	0	0	0
Section 4	0	0	0	0	0
Section 2	0	2	2	3	2
Section 3	0	1	0	2	2
TOTAL	0	3	2	5	4

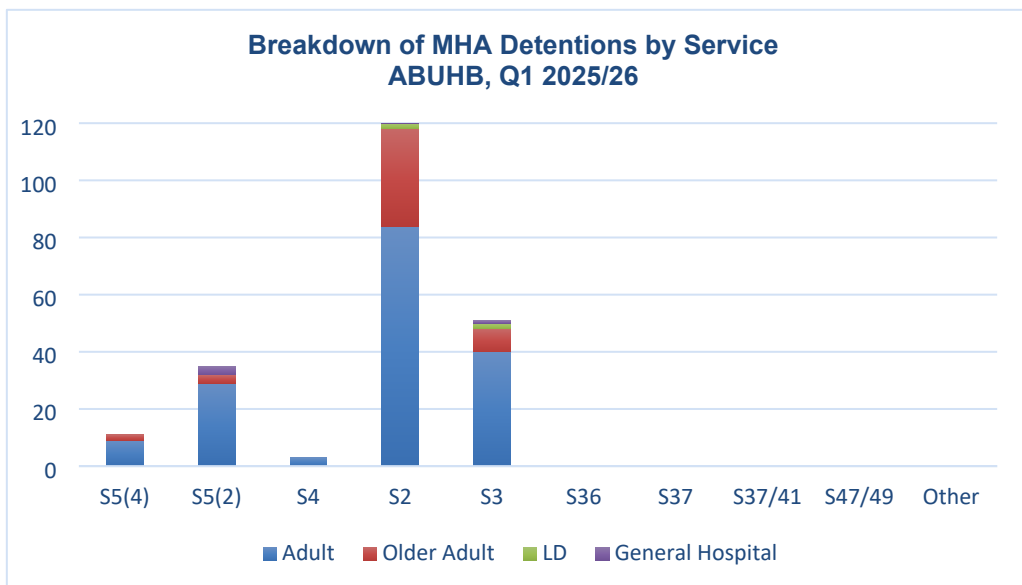
3.1.4 General Hospital Compulsory Admissions under the MHA 1983

For patients detained under the MHA in a General Hospital setting, 50% were admitted under Sections 2 or 3 of the MHA with 50% admitted under Section 5 provision. There was an overall 200% increase in the number of detentions compared to the previous quarter.



Section	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q4 2024/25	Q1 2025/26
Section 5(4)	0	0	0	0	0
Section 5(2)	0	1	0	0	3
Section 4	0	0	0	0	0
Section 2	2	7	3	2	2
Section 3	0	0	0	0	1
TOTAL	2	8	3	2	6

The below chart shows the total number of MHA detentions broken down by service for quarter 1, 2025/26.

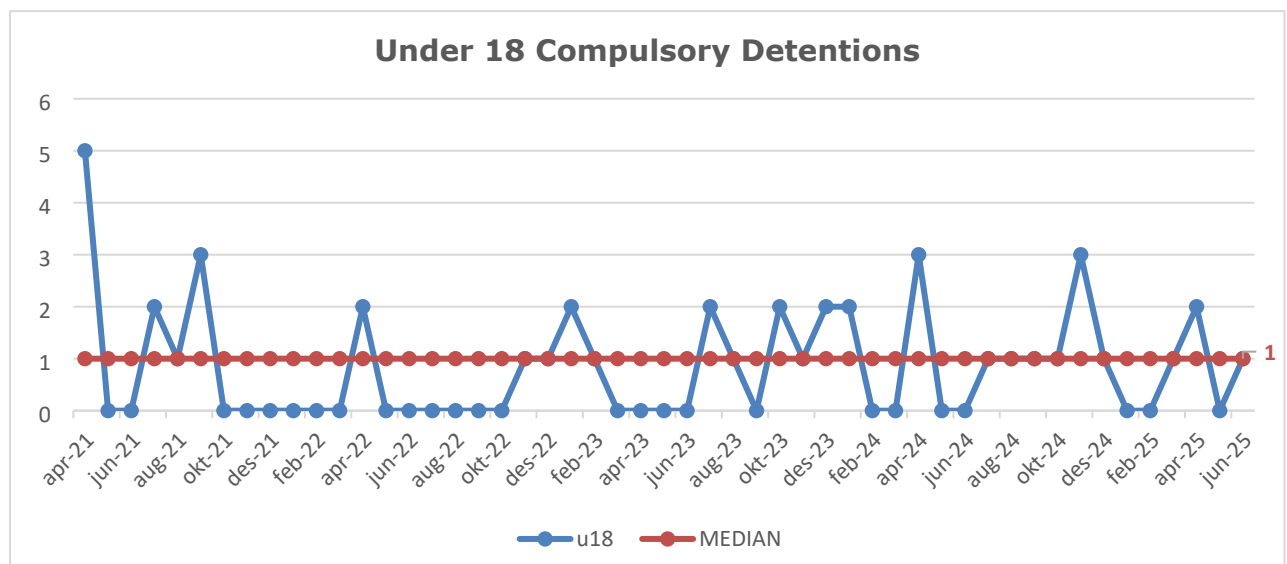


3.1.5 Total Number of Under 18s Compulsory Admissions under the MHA 1983

Within Aneurin Bevan there is no dedicated Children and Young Persons CAMHS inpatient provision. Access to emergency provision for a bed in Ty Cyfannol extra care area for up to 72 hours is provided locally for 16–17-year-olds, with younger patients normally being admitted to a paediatric ward if necessary.

There was an overall 200% increase in the number of detentions compared to the previous quarter.

Under 18 years Detentions	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q4 2024/25	Q1 2025/26
Section 5(4)	1	0	1	0	0
Section 5(2)	2	0	1	0	0
Section 2	0	3	3	1	2
Section 3	0	0	0	0	1
CTO	0	0	0	0	0
TOTAL	3	3	5	1	3



A higher number of admissions is a safety concern due to the limitations of the environment on a busy adult acute ward. Where there is an increase in Under 18 detentions under the MHA this is highlighted and escalated to the CAMHS and Adult senior lead nurses. Access to CAMHS specialist inpatient provision has also been escalated to Welsh Government previously. The MHA Administration Department monitors the trends on a regular basis.

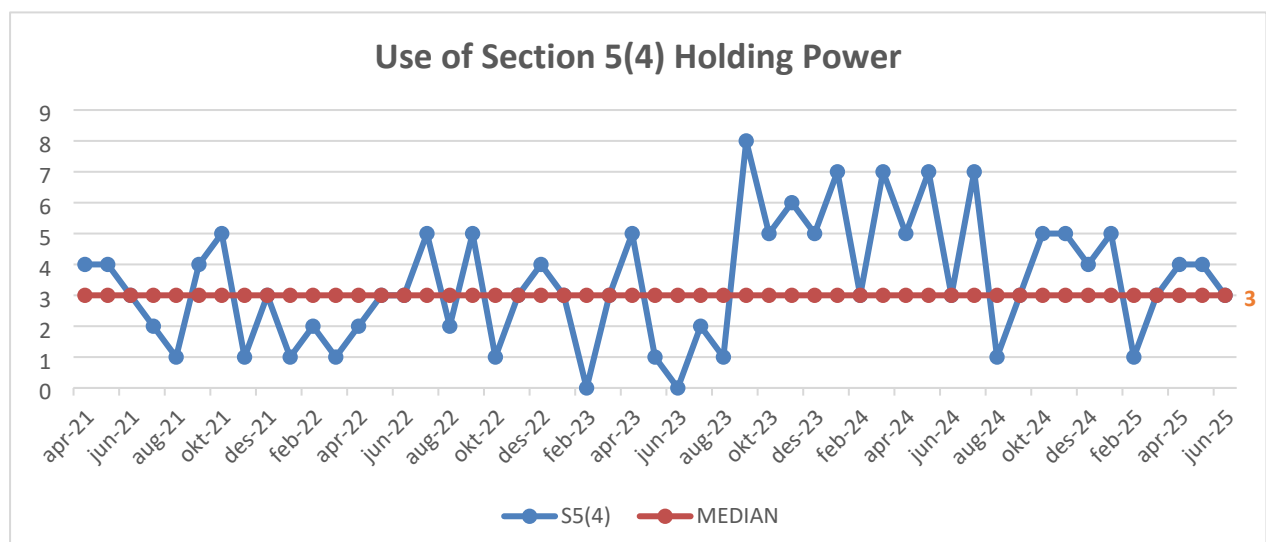
3.2 Trend Analysis of the main compulsory admissions across all services from April 2021 to June 2025

This section briefly highlights any trends noted in the use of the Mental Health Act.

3.2.1 Section 5 – Holding Powers

Section 5(4) is used by mental health and learning disabilities nurses in mental health in patient settings for up to 6 hours to allow for a further assessment to take place.

- There were 11 uses of this holding power over the quarter. This is a 22% increase compared to the previous quarter.
- 64% of these resulted in a doctor/approved clinician detaining the patient under Section 5(2).
- 9% of these resulted in the patient being detained under section 2.
- 27% of these ended or lapsed without further detention under the MHA.

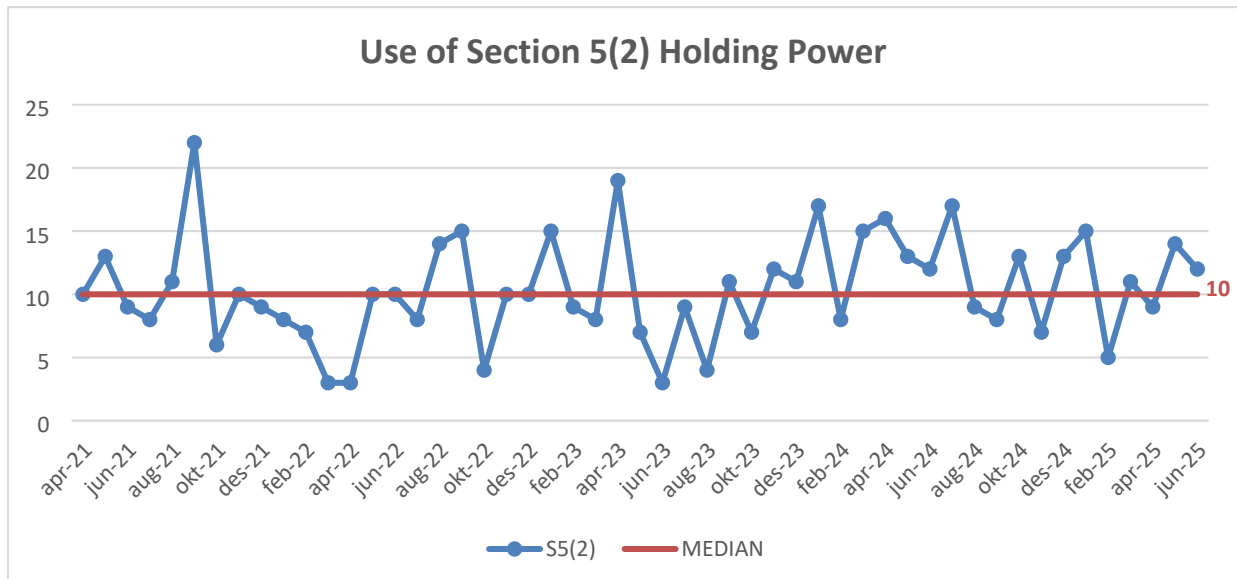


Outcome of Section 5(4) – Q1 2025/26

Outcome	Total
Lapsed	2
Ended	1
Section 5(2)	7
Section 2	1
Section 3	0
Total	11

Section 5(2) is used by doctors in both mental health and general hospital settings to detain an in-patient for up to 72 hours to allow for a mental health act assessment to take place.

- There were 35 uses of this holding power over the quarter. This is a 13% increase compared to the previous quarter.
- 43% of these resulted in the patient being detained under section 2.
- 17% of these resulted in the patient being detained under section 3.
- 40% of these ended or lapsed without further detention under the MHA.



Outcome of Section 5(2) – Q1 2025/26

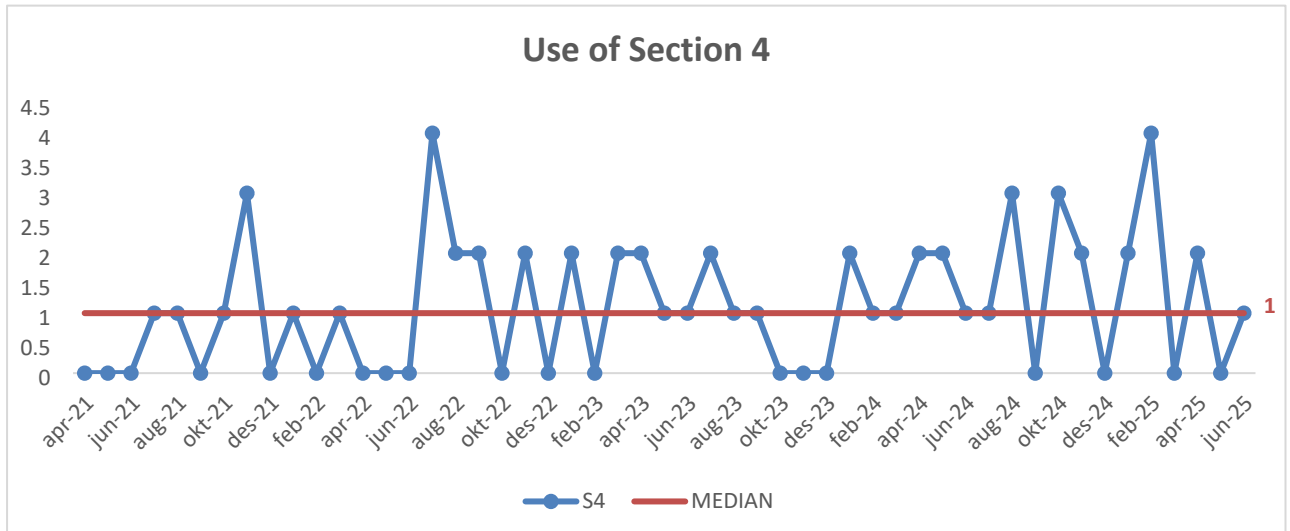
Outcome	Total
Lapsed	6
Ended	8
Section 2	15
Section 3	6
Total	35

3.2.2 Section 4 – Admission for Emergency

The use of section 4 can be made on the basis of a single medical recommendation supported by the AMHP application and is used when admission to hospital is urgent and it would be unsafe to wait for a second medical recommendation for admission under section 2.

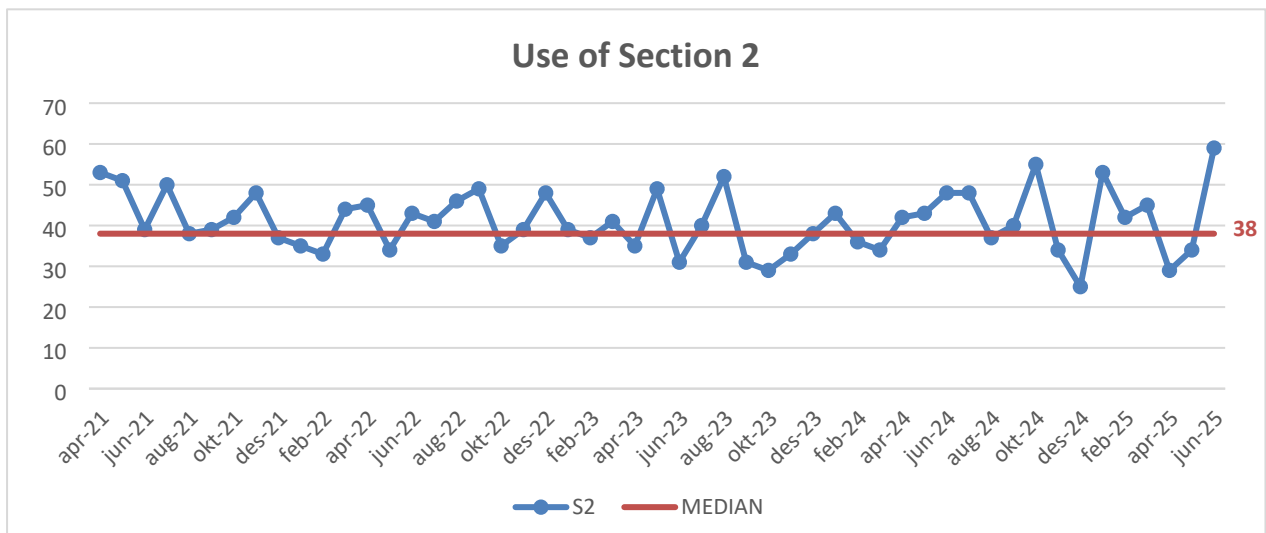
- Section 4 was used on 3 occasions during this quarter. This is a 50% decrease compared to the previous quarter.

- All uses of section 4 this quarter were proportionate and reasonable in the circumstances.
- 100% of section 4 admissions were converted to section 2 with 48 hours of admission to hospital.



3.2.3 Section 2 – Admission for Assessment

The use of section 2 provides for someone to be detained in hospital for assessment and treatment of their mental disorder.



- A total of 122 detentions were made using section 2 in this quarter. This is in line with the quarterly average (based on the past 5 years) of 122. Whilst there is some variance month to month and quarter to quarter, the use of section 2 is consistently within expected controls.
- These accounted for 55% of all detained admissions. This is a decrease of 7% in comparison to the previous quarter.
- 69% of these were in adult mental health services.
- 28% of these were in older adult mental health services.

- 2% of these were within the learning disabilities service.
- 2% of these were within a general hospital setting.

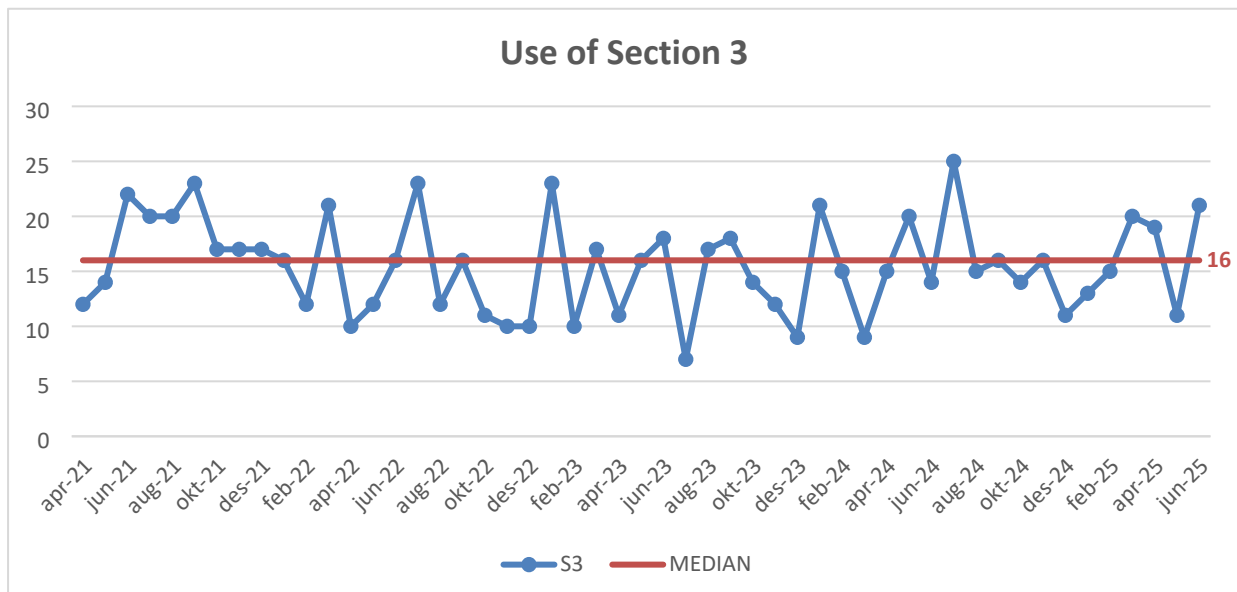
Outcome of Section 2, Q1 2025/26

Outcome	Total
Expired	8
Regraded S3	25
Transferred	8
Deceased	1
Ended: 0-3 days	3
Ended: 4-14 days	27
Ended: 15-28 days	50
Total	122

- During this quarter 7% of section 2 detentions were allowed to lapse. This is a 42% decrease compared to the last quarter. It is considered poor practice to allow a section 2 to lapsed as it raises the question whether the patient met the criteria to be discharged at an earlier stage of the detention. Where detentions are allowed to lapse the MHA Administration Department highlights this issue to the relevant medical and ward staff.

3.2.4 Section 3 – Admission for Treatment

The use of section 3 provides for someone to be detained in hospital for treatment of their mental disorder.



- A total of 51 detentions were made using section 3 in this quarter. This is higher than the quarterly average (based on the past 5 years) of 47.

Whilst there is some variance month to month and quarter to quarter, the use of section 3 is consistently within expected controls.

- These accounted for 23% of all detained admissions. This is an increase of 15% in comparison to the previous quarter.
- 78% of these were in adult mental health services.
- 16% of these were in older adult mental health services.
- 4% of these were within the learning disabilities service.
- 2% of these were within a general hospital setting.

Outcome of Section 3, Q1 2025/26

Outcome	Total
Expired	0
Ended	13
Regraded-CTO	6
Renewed	0
Transferred	1
Deceased	0
Ongoing (as of 24/07/2025)	31
Total	51

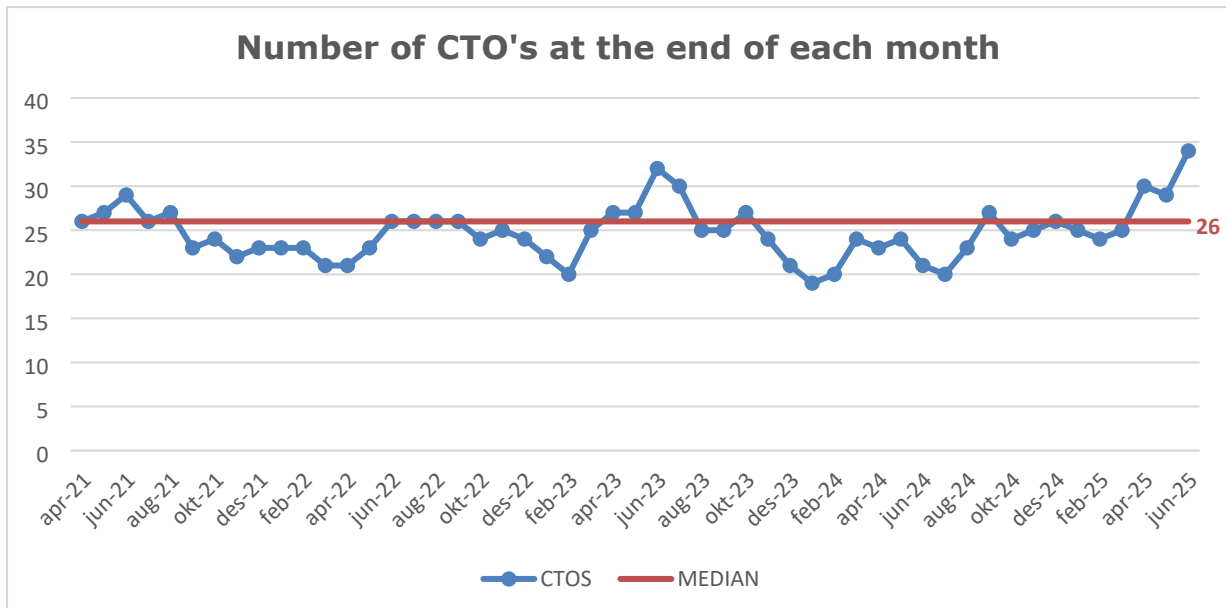
3.2.5 Renewal of In-patient Detentions under the MHA 1983

The table below shows that the number of renewals of inpatient detentions remain steady at 10 in comparison to the previous quarter.

Section	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q4 2024/25	Q1 2025/26
Section 3 renewal	6	11	13	9	9
Section 37 renewal	0	1	1	1	1
Section 47 renewal	0	0	0	0	0
TOTAL	6	12	14	10	10

3.2.6 Section 17A – Community Treatment Orders

There were 34 Community Treatment Orders in place as at 31st June 2025.



A summary of the use and changes to Community Treatment Orders can be seen in the below chart.

Power	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q4 2024/25	Q1 2025/26
CTOs made	6	9	7	6	15
CTOs extended	6	3	8	7	5
Recalled to hospital and not admitted	0	3	2	0	1
Recalled to hospital and revoked	3	1	3	5	4
Discharged from CTO	5	2	5	2	2

3.3 Unlawful Detentions and Errors

A brief summary of unlawful detentions, section papers that failed medical scrutiny and sections papers with rectifiable errors during the quarter is provided below.

3.3.1 Unlawful detentions

There were 3 unlawful detentions identified within the quarter. Where errors are identified the Mental Health Act Administration office will immediately contact the ward/clinical team who will inform the patient and the clinical team will determine the appropriate next steps such as undertaking a new assessment.

	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q4 2024/25	Q1 2025/26
Unlawful Detentions	2	2	3	1	3

- Invalid Section 2 – Patient’s name missing from HO14
- Invalid Section 47 – Unlawful transfer. Expiry date documented incorrectly at previous hospital in 2023.
- Invalid Section 4 – HO14 not received

3.3.2 Failed Medical Scrutiny

The Health Board has 14 days to undertake medical scrutiny of section papers. Where medical scrutiny identifies that further information is required the papers are returned to the doctor who completed the assessment highlighting what further information is required and returned within the 14-day period.

	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q4 2024/25	Q1 2024/25
Failed Medical Scrutiny	0	2	0	2	1

- Section 3 x 1 - needs more information surrounding why informal admission was not possible.

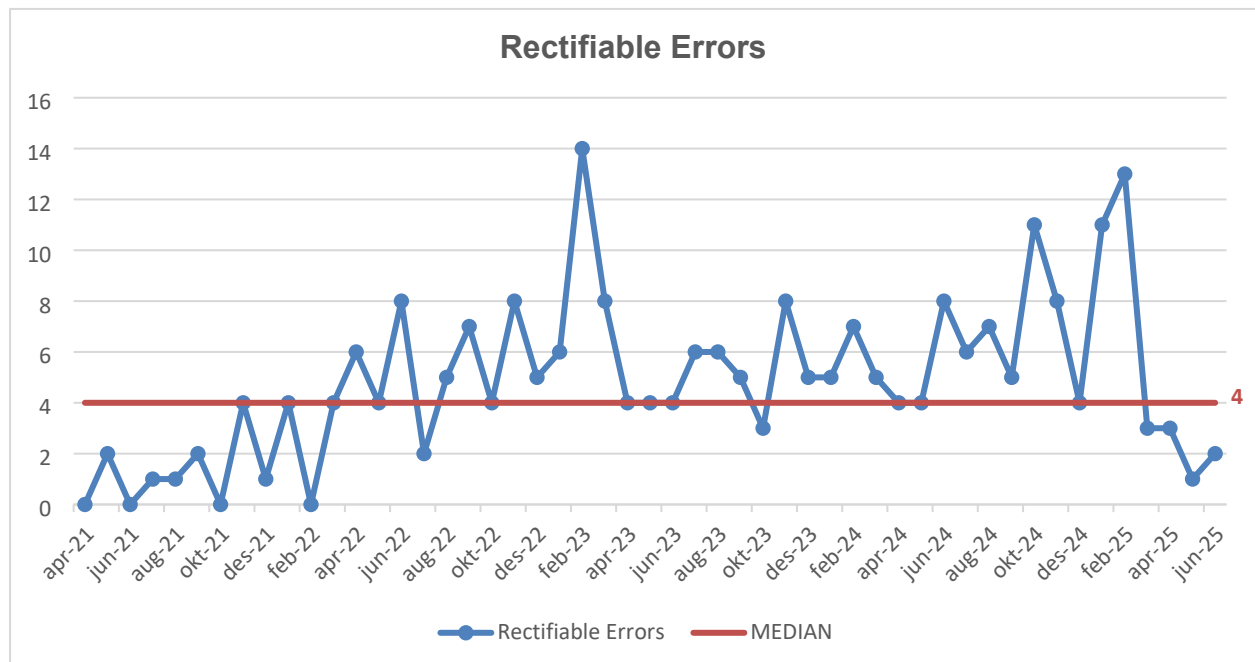
3.3.3 Rectifiable Errors on Documents

Rectifiable errors are considered a ‘slip of a pen’. Section 15 of the Mental Health Act allows for any documents containing rectifiable errors to be amended by the professional who completed the form within 14 days of the date the person was admitted onto a section. Common rectifiable errors include names not stated in full, misstating of places including hospitals and patients addresses, names or places being inconsistent, spelling errors, nearest relative address missing and deletions not being completed.

There has been a 78% decrease in the number of rectifiable errors this quarter, demonstrating that the training being conducted by the MHA Administration Department around the receipt and scrutiny of MHA documentation has been effective in reducing the number of rectifiable errors. Mop up training sessions around the scrutiny process are being conducted by the MHA Administration Department in August 2025 to ensure that this trend continues with a new programme of training planned for

Autumn 2025 around receipt and scrutiny, consent to treatment and tribunal reports.

	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q4 2024/25	Q1 2025/26
Rectifiable errors on document	16	18	23	27	6



3.4 Use of Police Powers Sections 135 & Section 136

3.4.1 Section 135 – Warrant to search and remove person

Section 135 empowers a magistrate to authorise a police constable to remove a person lawfully from private premises to a place of safety.

Section 135 is split into two categories as follows:

- Section 135(1) warrant applied for by an AMHP (the local authority) if reasonable cause to suspect that a person is suffering from a mental disorder.
 - Section 135(2) warrant by any constable or other person authorized (*will generally be a health professional*) to remove someone already liable to be detained and remove to a place they are meant to be.
- There are data completeness issues with the compilation of section 135 data. The MHA Administration department has confirmed that the above data is not complete and has been unable to capture the true

activity information for the data periods due to not receiving all copies of executed Section 135 warrants. There are on-going inter-agency discussions between Health, Local Authorities and Gwent Police to ensure that all Section 135 activity is correct and is collected in a timely manner.

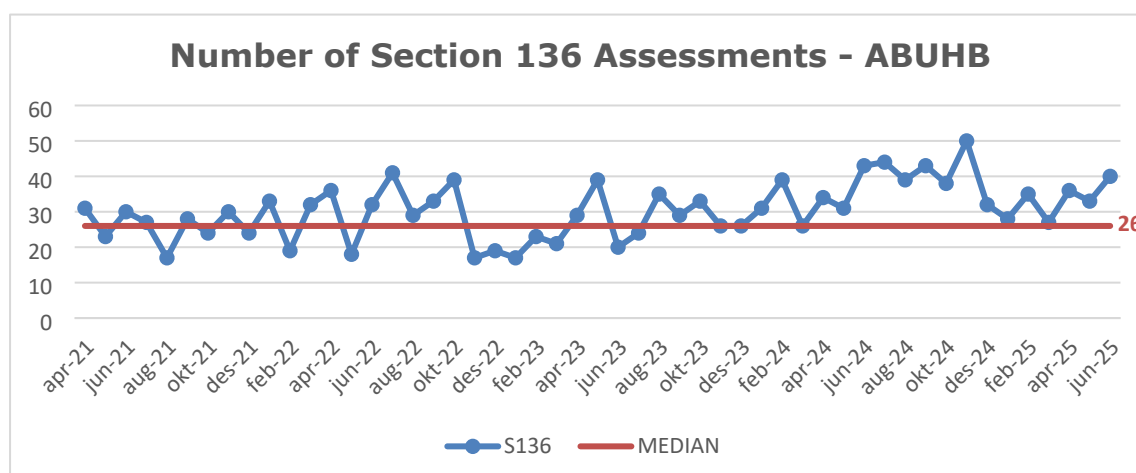
- The table below provides a summary of all available data. This includes both Section 135(1) and Section 135(2).

Section 135 of the MHA	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q4 2024/25	Q1 2025/26
Assessed and admitted informally	0	0	0	0	0
Assessed and discharged	0	0	0	0	0
Assessed and detained under Section 2	3	2	2	5	1
Assessed and detained under Section 3	0	2	1	1	1
Assessed and CTO Revoked	0	0	0	1	0
Other	0	0	0	0	0
Total	3	4	3	7	2

3.4.2 Section 136 – Removal of Mentally Disordered Persons to a Place of Safety

Section 136 of the Mental Health Act, 1983 empowers a police officer to remove any person appearing to be suffering from mental disorder and in immediate need of care and control from a public place to a place of safety.

A breakdown on the number of 136 assessments undertaken at the 136 Suite (Place of Safety) at St Cadoc’s Hospital is shown in the table below.

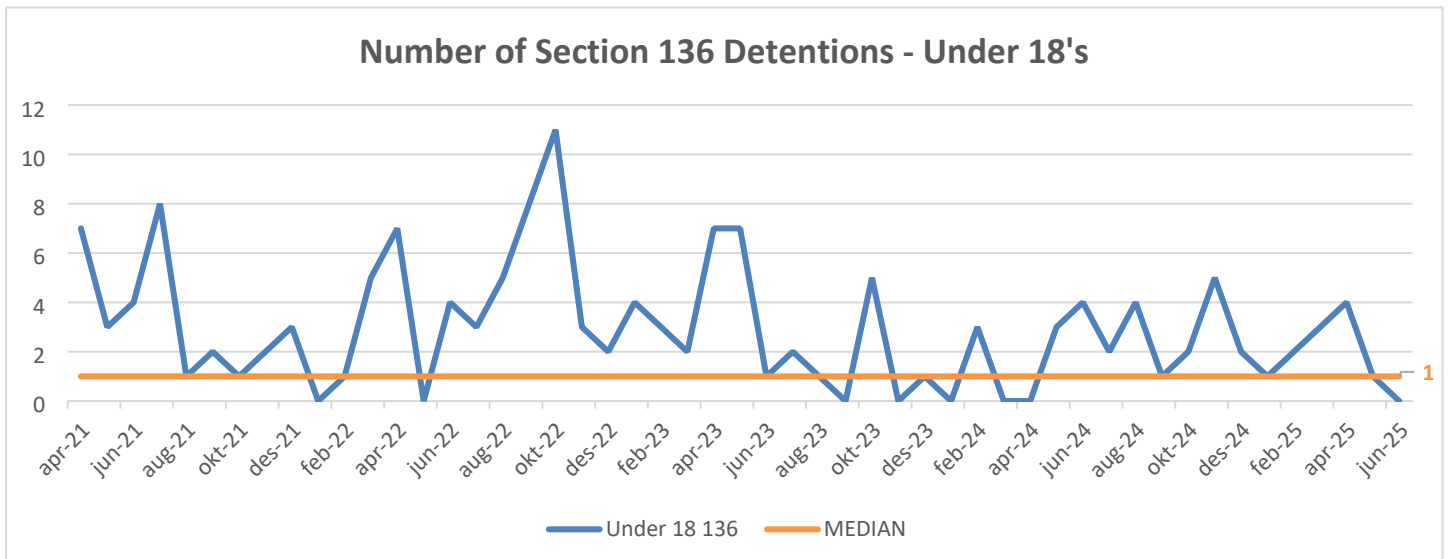


- A total number of 109 assessments took place in quarter 1. This is a 21% increase on the previous quarter and is well above the quarterly average (based on the past 5 years) of 85.

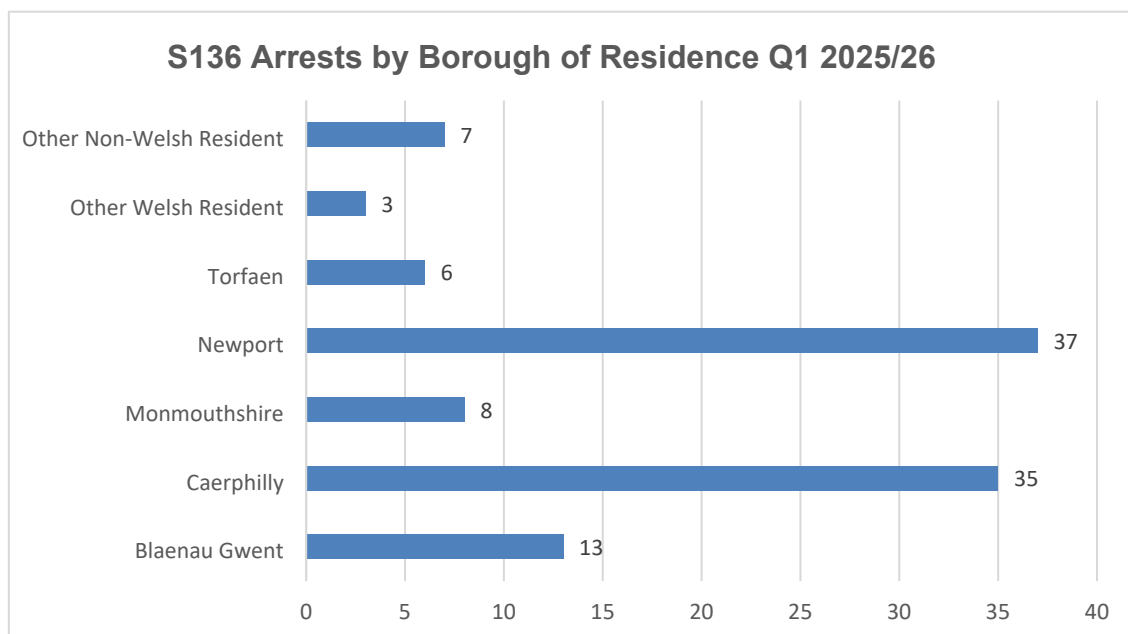
A breakdown of the outcome of 136 assessments is shown in the table below.

Section 136 of the MHA	Q1 2023/24	Q2 2024/25	Q3 2024/25	Q4 2024/25	Q1 2025/26
Assessed and admitted informally	19	20	22	11	14
Assessed and detained under Section 2	20	24	21	16	26
Assessed and detained under Section 3	0	0	0	2	1
Assessed and detained under Section 4	0	0	1	0	0
Discharged – no follow-up required	30	40	29	23	32
Assessed and Recalled under CTO	1	0	0	0	0
Discharged – with follow-up plan	37	41	46	38	36
Section 136 lapsed	1	1	1	0	0
TOTAL	108	126	120	90	109

A breakdown of the number of under 18's undergoing 136 assessment is shown in the graph below.



A breakdown of assessed patients by borough shows that Newport and Caerphilly had higher demand than other boroughs, together accounting for 68% of all assessments.



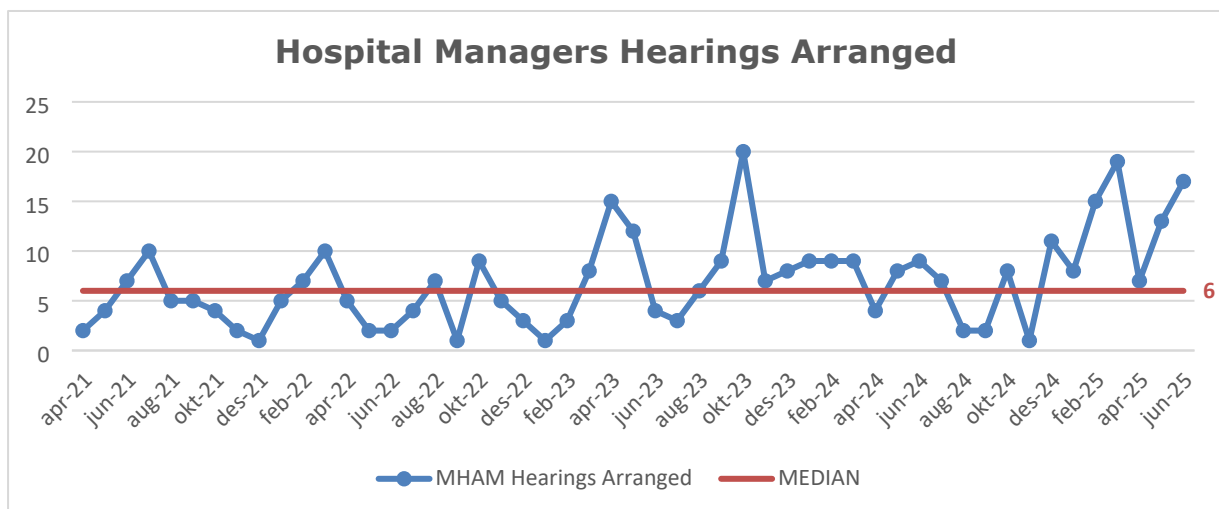
A breakdown of all 109 events shows that the majority of patients were female patients; alcohol and/or drugs being a related factor in 38% of all cases; 5% of cases were under the age of 18yrs. No assessments were undertaken at a police station.

Section 136 of the MHA	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q4 2024/25	Q1 2025/26
TOTAL	N=108	N=126	N=120	N=90	N=109
Gender:					
% Male	52%	44%	45%	56%	46%
% Female	48%	56%	55%	44%	48%
% Other	-	-	-	-	6%
Place of Safety:					
% Hospital	99%	100%	100%	100%	99%
% Police Station	1%	0%	0%	0%	1%
% Under 18 Years	6%	6%	8%	7%	5%
Use of Illicit Substances:					
% Alcohol	19%	26%	20%	24%	21%
% Drugs	7%	6%	9%	9%	12%
% Both Alcohol and Drugs	6%	9%	8%	4%	5%
Where Assessment took place:					
% Hospital	99%	99%	99%	100%	100%

% Police Station	0%	0%	0%	0%	0%
12 Hour extension required /granted	2%	0%	1%	2%	3%

3.5 Mental Health Act Managers Hearings

A Managers hearing is required to be held before every renewal of detention or extension of CTO. The Code of Practice for Wales states that ‘if a responsible clinician does not hold a review period the period of detention or CTO expires, this should be considered a very serious matter to be urgently reviewed’. Patients and their Nearest Relatives can also apply to choose to appeal their detentions.



There continues to be significant improvement in the processes and procedures around managers hearings with 17 managers hearings taking place in quarter 1. Of these, 100% of sections were upheld by the hospital managers.

There are currently 3 outstanding hearings, however these have all been booked and are on course to be completed by the 13th August 2025.

A summary of activity and outcome of hearings is provided in the table below.

Hospital Manager Hearings	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q4 2024/25	Q1 2025/26
Applications by patient – Inpatient	0	1	0	0	0
Applications by patient – CTO	0	0	0	0	0
Renewal Hearing Applications – Inpatient	18	21	24	21	20

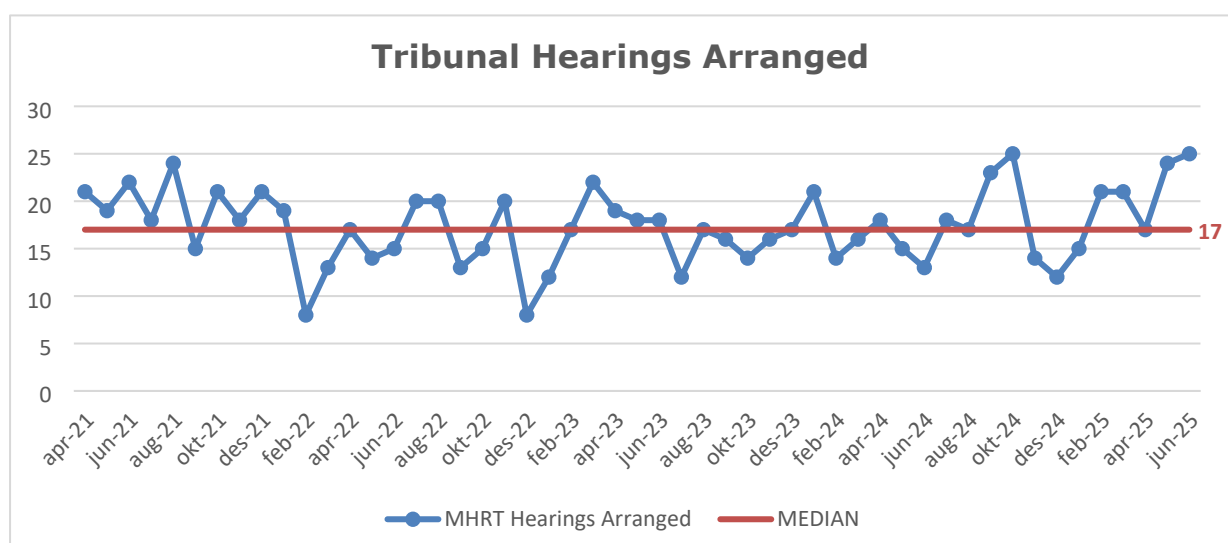
Renewal Hearing Applications – CTO	5	13	8	12	4
Barring Hearings	1	0	1	1	0
Hearing cancelled before being heard	13	8	20	15	20
Hearing held - Patient Discharged by Hospital Managers	0	0	0	0	0
Hearing held – Section continued	7	3	0	27	17

A significant number of managers hearings continue to be cancelled. This is usually because the patient has either been discharged prior to the hearing being held or been transferred to another hospital under different hospital managers.

3.6 Mental Health Review Tribunals

There continues to be a trend for patients to apply for a Tribunal hearing as opposed to Manager’s hearings within the Health Board. The MHRT is a statutory independent body for hearing appeals against detention.

The chart below highlights the activity and outcomes of Tribunals arranged over the last two years. Overall, the number of hearings appears to be relatively consistent over the period of the last 12 months, with a 16% increase in the number of hearings arranged in Q1 in comparison to the previous quarter.



The activity and outcomes of arranged tribunals over the quarter is summarised in the table below.

MH Review Tribunal Hearings	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q4 2024/25	Q1 2025/26
Applications by patient – Inpatient	38	62	32	46	46
Applications by patient – CTO	2	2	1	3	4
Renewal Hearing Applications – Inpatient	4	8	8	7	8
Renewal Hearing Applications – CTO	3	2	4	2	3
Referral by MOJ	1	0	3	3	3
Referral by Welsh Ministers	0	0	0	1	0
Outcomes: Hearing Cancelled before being heard	23	32	26	23	29
Outcomes: Patient Discharged by MHRT	3	3	1	4	4
Outcomes: Section Continued	20	23	24	30	33

This shows that a significant number of Tribunals continue to be cancelled before being heard. This is usually because the patient has either been discharged prior to the hearing or they have exercised their right to withdraw.

4. Description of Sections

Longer Term Sections (medication can be given)

Section 2 Admission for assessment – up to 28 days

Mental Health Act assessment undertaken by 2 registered medical practitioners, where practicable by one who knows the patient. One must be Section 12(2) approved. An Approved Mental Health Professional (AMHP) must also assess, preferably at the same time as at least one registered medical practitioner.

Criteria needs to be met –

- a) is suffering from mental disorder of a nature or degree which warrants the detention of the patient in a hospital for assessment (or for assessment followed by medical treatment) for at least a limited period; and*
- b) ought to be so detained in the interests of his own health or safety or with a view to the protection of other persons*

2 x medical recommendations (HO4), 1 x application from AMHP (HO2)

Section 3 Admission of treatment – up to 6 months, renewable for 6 months, 12 monthly thereafter

Mental health act assessment undertaken by 2 registered medical practitioners, where practicable by one who knows the patient. One must be Section 12(2) approved. An Approved Mental Health Professional (AMHP) must also assess, preferably at the same time as at least one registered medical practitioner. Criteria needs to be met –

- a) is suffering from mental disorder of a nature or degree which makes it appropriate for him to receive medical treatment in hospital; and*
- b) it is necessary for the health and safety of the patient or for the protection of other persons that he should receive such treatment and it cannot be provided unless he is detained under this section; and*
- c) appropriate medical treatment is available for him.*

2 x medical recommendations (HO8), 1 x application from AMHP (HO6)

Short Term Sections (medication cannot be given)

Section 4 Admission for emergency – up to 72 hours

Mental health act assessment undertaken by a registered medical practitioner, where practicable by one who knows the patient. An Approved Mental Health Professional (AMHP) must also assess the patient – ideally at the same time. Criteria needs to be met –

"it is of urgent necessity for the patient to be admitted and detained under section 2" and that compliance with the provisions relating to application under that section *"would involve undesirable delay"*

1 x medical recommendation, (HO11) 1 x application from AMHP (HO10)

Section 5(2) Approved Clinician Holding Power – up to 72 hours

Mental health act assessment undertaken by a registered medical practitioner. Criteria is –

that an application for compulsory detention "ought to be made".

1 x Form HO12

Section 5(4) Nurses Holding Power – up to 6 hours

Criteria is:

if it appears to a nurse of the 'prescribed class' firstly that *"...the patient is suffering from mental disorder to such a degree that it is necessary for his health and safety or for the protection of others for him to be immediately restrained from leaving the hospital"*. Secondly the nurse must believe that *"...it is not practicable to secure the immediate attendance of a practitioner or clinician for the purposes of furnishing a report under subsection (2)..."* In other words, the doctor or approved clinician (or their deputy) cannot attend in time to provide a report under section 5(2).

1 x Form HO13

Community Treatment Order and related sections (medication can be given)

Section 17A Community Treatment Orders – up to 6 months, renewable for 6 months (17A+) 12 monthly thereafter (17A ++)

Criteria is:

the patient is suffering from mental disorder of a nature or degree which makes it appropriate for him to receive medical treatment;

it is necessary for his health and safety or for the protection of other persons that he should receive such treatment;

subject to his being liable to be recalled ... such treatment can be provided without his continuing to be detained in a hospital;

it is necessary that the responsible clinician should be able to exercise the power under section 17E (1) below to recall the patient to hospital;

appropriate medical treatment is available for him

Form CP1

Section 17E Recall of a CTO. Duration is up to 72 hours, which starts once the patient has been admitted to the hospital.

Criteria is:

a change of mental state or increase in risk.

Form CP5

Section 17F Revocation of a CTO patient who has been recalled to hospital – the section is the re-introduction of the Section 3 or Section 37 (depending on what section they were on previous to the CTO) - up to 6 months, renewable for 6 months, 12 monthly thereafter

Criteria needs to meet the same as Section 3 –

a) is suffering from mental disorder of a nature or degree which makes it appropriate for him to receive medical treatment in hospital; and

b) it is necessary for the health and safety of the patient or for the protection of other persons that he should

receive such treatment and it cannot be provided unless he is detained under this section; and
c) *Appropriate medical treatment is available for him.*

Revocation requires the written agreement of an AMHP.
Form CP7

Places of Safety Sections (medication cannot be given)

Section 135 Warrant to search and remove

Section 135(1) – warrant to enter and remove

Section 135(1) empowers a magistrate to authorize a police constable to remove a person lawfully from private premises to a place of safety.

A warrant may be issued if, on having information on oath from an approved mental health professional (AMHP), it appears to the magistrate that there is reasonable cause to suspect that a person believed to be suffering from mental disorder is:

Criteria is:

has been, or is being, ill-treated, neglected or kept otherwise than under proper control, in any place within the jurisdiction of the justice, or being unable to care for himself, is living alone in any such place

Section 135(2) – warrant to enter and take or retake

Section 135(2) concerns the taking into custody of patients who are unlawfully absent.

A magistrate can issue a warrant to take or retake the patient if it appears, on information on oath by any constable or any "other person authorised by or under this Act... to take...or retake a patient who is liable under this Act", that:

There is reasonable cause to believe that the patient is to be found on premises within the jurisdiction of the justice; and

That admission to the premises has been refused or that a refusal of such admission is apprehended.

Section 136 Place of Safety – up to 24 hours

The powers of section 136 provide authority for a police officer who finds a person who appears to be suffering from mental disorder, in a place to which the public has access, to remove him to a place of safety if the person:

Criteria is:

Appears to be suffering from mental disorder and to be in immediate need for care or control, the constable may, if he thinks necessary to do so in the interests of that person or for the protection of other persons, remove that person to a place of safety...

Part 3 - Sections in relation to patients concerned with criminal proceedings or under sentence

Section 35 Remand to hospital for report on accused's mental condition – for up to 28 days but can be extended to a maximum of 12 weeks (*medication cannot be given*)

An approved clinician (at the hospital) is required to provide a report to the court. The court must be satisfied (on the written or oral evidence of any doctor) that:

- (a) ...there is reason to suspect that the accused person is suffering from mental disorder; and*
- (b) ...it would be impracticable for a report on his mental condition to be made if he were remanded on bail*

Section 36 Remand of accused person to hospital – up to 28 days but duration will be set by the Court – maximum of 12 weeks (*medication can be given*)

The Section 36 is to allow a Crown Court to remand an accused person to hospital for the purposes of treatment. The court must be satisfied (on the written or oral evidence of two doctors, one of whom must be section 12(2) approved) that the patient:

- (a) ...is suffering from mental disorder of a nature or degree which makes it appropriate for him to be detained in a hospital for medical treatment; and*
(b) appropriate medical treatment is available for him

Section 37 Hospital Order or Guardianship Order - up to 6 months, renewable for 6 months, 12 monthly thereafter (*medication can be given*)

Section 37 enables a Crown Court or a magistrates' court to order a person to be detained in hospital for treatment (or make a person subject to guardianship) when otherwise they may have imposed a prison sentence. The "hospital order" or a "guardianship order" is given as an alternative to imprisonment, a fine, or probation if appropriate.

The court must be satisfied (on the written or oral evidence of two doctors, one of whom must be section 12(2) approved) that the patient:

- is suffering from mental disorder and that either –*
(i) the mental disorder from which the offender is suffering is of a nature or degree which makes it appropriate for him to be detained in a hospital for medical treatment and appropriate medical treatment is available for him; or
(ii) in the case of an offender who has attained the age of 16 years, the mental disorder is of a nature or degree which warrants his reception into guardianship...;and

...the court is of the opinion, having regard to all the circumstances including the nature of the offence and the character and antecedents of the offender, and to all other available methods of dealing with him, that the most suitable method of disposing of the case is by means of an order under [section 37].

Section 37/41 Hospital Order with Restrictions – made with no time limit (*medication can be given*)

A Crown Court may, if necessary for the protection of public from serious harm, place restrictions onto a hospital order at the time of making the order under section 37.

The restrictions, Section 41, sets out that the Court must have regard to "...the nature of the offence, the antecedents of the offender and the risk of his committing further offences if set at large..." and if it is necessary "for the protection of the public from serious harm..." the Court can order that the patient is subject to the special restrictions of the section.

An order made under section 41 is known as "a restriction order", and is commonly referred to as "section 37/41" or a "hospital order with restrictions".

In addition to the requirements for making an order under section 37, the Court must receive oral evidence from at least one of the registered medical practitioners who gave evidence under section 37.

Section 38 Interim Hospital Order – up to 12 weeks, but duration set by the Court – maximum 12 months (medication can be given)

To allow a court to send a person who has been convicted but not yet sentenced to hospital, to assess the person's response to medical treatment. The court must be satisfied (on the written or oral evidence of two doctors, one of whom must be section 12(2) approved) that the patient:

- (a) *...is suffering from mental disorder; and*
- (b) *that there is reason to suppose that the mental disorder from which the offender is suffering is such that it may be appropriate for a hospital order to be made in his case,*

the court may, before making a hospital order or dealing with him in some other way, make an order (...referred to as "an interim hospital order") authorising his admission to ... hospital...

Section 47 Transfer of sentenced prisoners (including with medication can be given)
Section 47/49 restrictions)

Allows the Secretary of State for Justice to order the transfer to hospital of a sentenced prisoner following conviction. The Secretary of State must be satisfied (from the reports of two doctors, one of whom must be section 12(2) approved) that the patient:

- (a) ... is suffering from mental disorder; and*
- (b) that the mental disorder from which that person is suffering is of a nature or degree which makes it appropriate for him to be detained in a hospital for medical treatment; and*
- (c) that appropriate medical treatment is available for him.*

The Secretary of State must have “...regard to the public interest and all the circumstances...”

A direction made under section 47 is known as a ‘transfer direction’. A transfer direction may be accompanied by the special restrictions of section 41, by virtue of section 49. Such a direction is known as a “restriction direction” and is commonly referred to as ‘section 47/49’ or a ‘transfer and restriction direction’

Duration - the transfer direction (including a restricted section 47) ends at the earliest date of release (EDR). At this time the patient, unless discharged by the responsible clinician, will be treated as though a hospital order had been made (and is referred to as a ‘notional section 37’).

Section 48 Transfer of other prisoners (including with
Section 48/49 restrictions) for urgent treatment

Allows the Secretary of State for Justice to order the transfer to hospital of a prisoner who is not sentenced but in urgent need of treatment. The Secretary of State must be satisfied (from the reports of two doctors, one of whom must be section 12(2) approved) that the patient: *... is suffering from mental disorder of a nature or degree which makes it appropriate for him to be detained in a hospital for medical treatment; and he is in urgent need of such treatment; and appropriate medical treatment is available for him*

The section only applies to:

- persons detained in a prison, not being a person serving a sentence of imprisonment or persons falling within the following groups
- persons remanded in custody by a magistrates’ court;

- civil prisoners, that is to say, persons committed by a court to prison for a limited term, who are not persons falling to be dealt with under section 47;
- persons detained under the Immigration Act 1971 or under section 62 of the Nationality, Immigration and Asylum Act 2002 (detention by Secretary of State).

It is known as a 'transfer direction'. A transfer direction may be accompanied by the special restrictions of section 41, by virtue of section 49. Such a direction is known as a "restriction direction" and is commonly referred to as 'section 48/49' or a 'transfer and restriction direction'. A restriction direction must be given in respect of

- persons detained in a prison, not being a person serving a sentence of imprisonment
- persons remanded in custody by a magistrates' court;

Duration - the period of detention is variable and can continue to the time of sentence; the Secretary of State can also issue a warrant to return the person to prison at any time before the Court disposes of the case.

5. Glossary of Terms

AMHP	Approved Mental Health Professional. AMHPs are mental health professionals who have been approved by a local social services authority to carry out certain duties under the Mental Health Act.
CAMHS	Children and Adolescent Mental Health Services
CTO	Community Treatment Order
Detained patient	A patient who is detained in hospital under the Act or who is liable to be detained in hospital but who is currently out of hospital (e.g., on section 17 leave).
Hospital Managers	Independent individuals who carry out functions on behalf of the Board.
Informal patient	Someone who is being treated for mental disorder in hospital and who is not detained under the Act.
MHA	Mental Health Act 1983.
MHRT	Mental Health Review Tribunal for Wales. They safeguard patients who have had their liberty restricted under the Mental Health Act and review cases of patients who are detained in a hospital or living in the community subject to a conditional discharge, community treatment or guardianship order.
Recall	Where it is necessary for a CTO patient to be recalled into hospital.
Revoke	Patients for who a CTO has been rescinded following a recall.
Sections	Parts of the Mental Health Act 1983 which allow particular types of detention.



Mental Health Services related Performance and Outcomes Report

9th September 2025

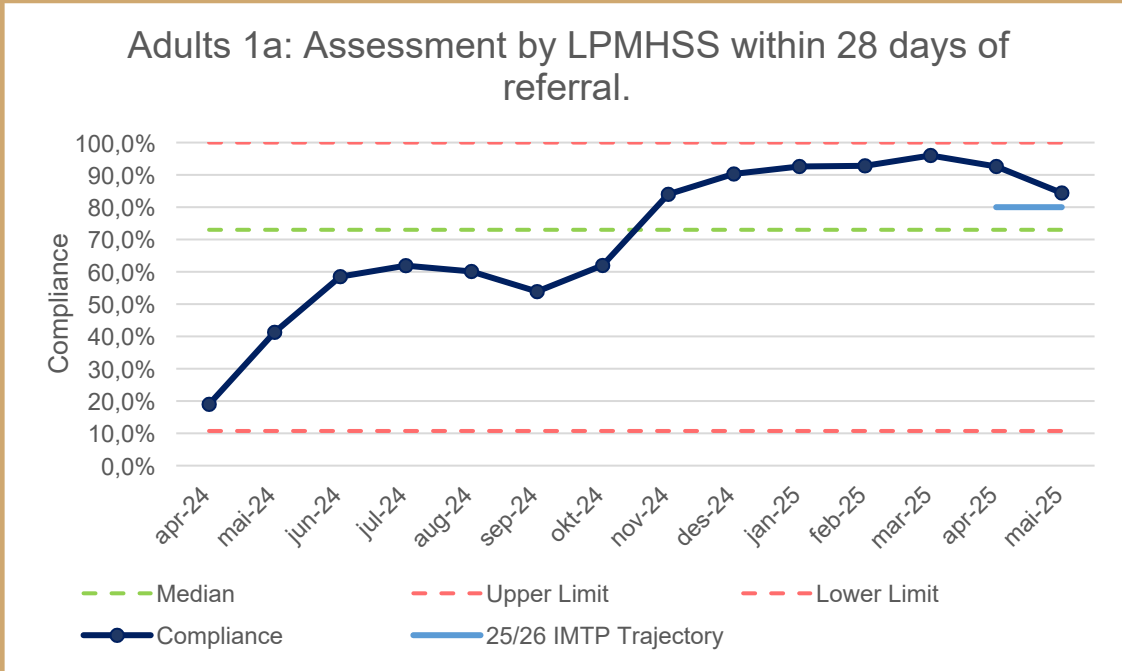




Performance Report

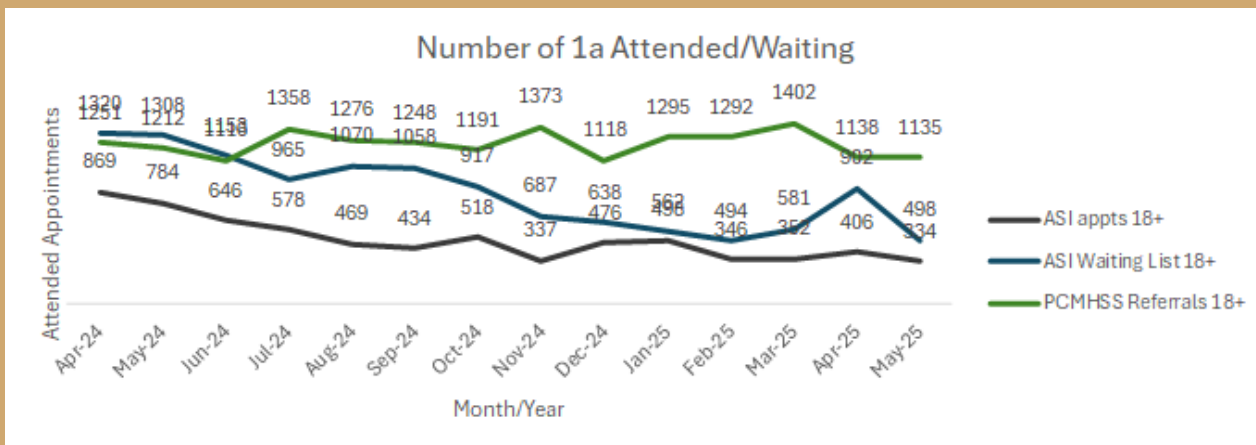


Mental Health Performance – Adult Measure 1A Assessments (28 days waited)

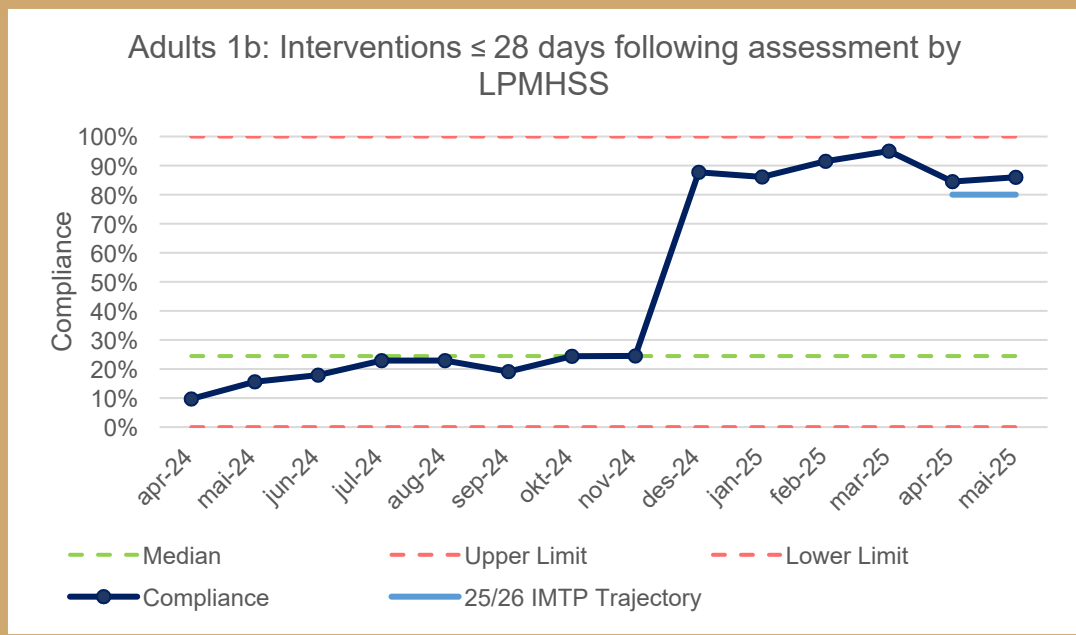


Part 1A Assessment

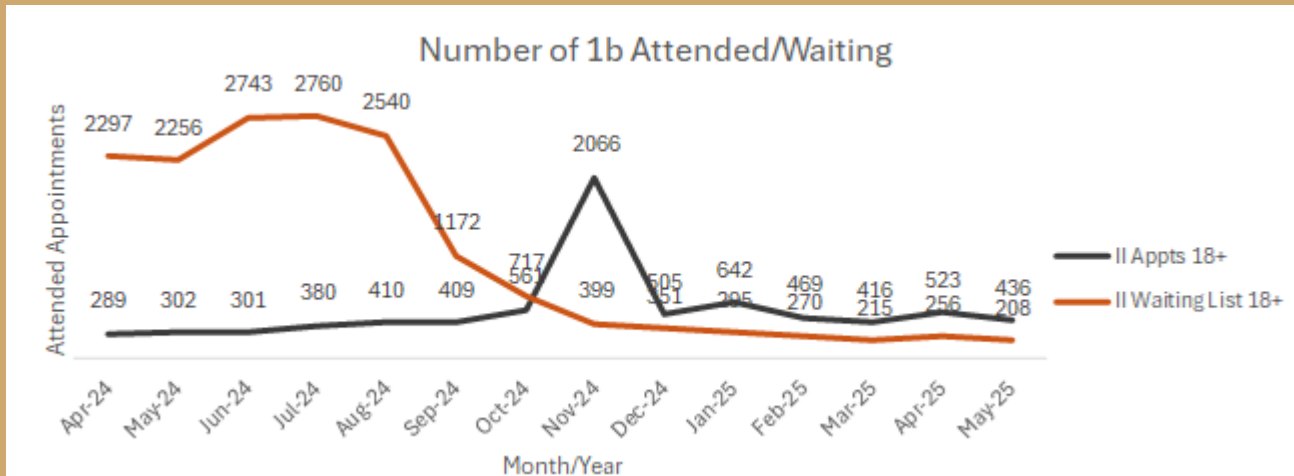
- Decrease in May performance to 84.4% but remains above the national standard.
- Waitlist has returned to typical, recent levels following the increase observed in April.
- RPA now in place to help support management of referrals which cuts c. 3 days off the referrals process between GPs and the PCMH team.

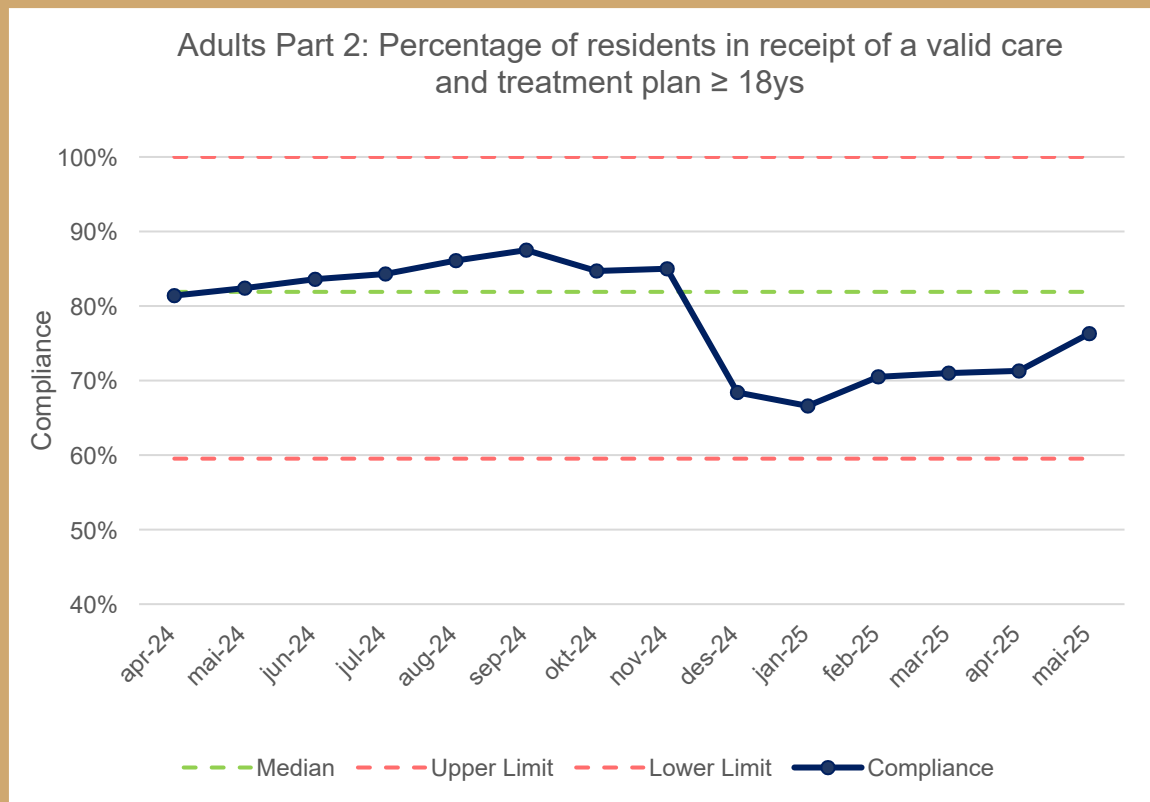


Mental Health Performance – Adult Measure 1b Interventions (28 days waited)



- Small improvement in May to 86% with attainment of national standard consolidate for 6 months.
- Waitlist remains stable.
- Counselling procurement documents being drawn up.
- Validation beyond first appointments (ongoing list) – c.1600 discharged from the list. Then will refresh ongoing list.





- May performance saw Part 2 compliance increase to 76.3%. Q1 IMTP trajectory is to recover to 80%.
- The Division is working with individual teams on compliance and areas of risk, including quality.

Mental Health Performance – Psychological therapies / Neurodevelopment

PERFORMANCE – Psychological Therapies - Overall

MHLD Psychology



- Current position predicting June 53%, July 53%
- Action plan in place to address 52+ week waiters
- Automated workflows now in place
- Automation rolled out W/B 7th July
- All dashboards now in place for all Adult teams.

Psychological Therapies

- May validated performance remains static at 43.%, however performance is improving into 50s% in June and July. Further improvement expected.
- Data cleansing programme underway with more opportunity to outcome appointments.
- Operational data dashboards now in place with all teams to review WLs.
- Clarification being sought with WG re 'RTT' rules vs rest of Wales.
- Rollout of common SOP across all Psychological Therapies.
- Confidence in reaching 60% target at year end as per trajectory submitted.

Category	Apr-25	May-25	Jun-25	Jul-25
Patients waiting up to and including 84 days (<= 11 weeks)	273	249	370	355
Patients waiting 85 days and over and up to and including 126 days (12-17 weeks)	107	124	156	165
Patients waiting 127 days and over and up to and including 182 days (18 - 25 weeks)	122	137	138	143
Patients waiting 183 days and over and up to and including 252 days (26 - 35 weeks)	117	116	129	136
Patients waiting 253 days and over and up to and including 364 days (36 - 51 weeks)	170	173	161	158
Patients waiting 365 days and over (>= 52 weeks)	364	382	265	269
Total Waiting	1153	1181	1219	1226
Compliance	44%	43%	54%	54%



CAMHs Services related Performance and Outcomes Report

9th September 2025



CAMHS performance descriptor

Conversion rate data gathered from Teams (rest of data pulled from Qlik & validated)

Performance Descriptor	Target	May-24	June-24	July-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
CAMHS Referrals Received		47	40	58	41	47	62	66	46	54	40	50	58	44	43
CHOICE CAMHS RTT %	80%	95.45%	92%	97.22%	86.36%	94.73%	100%	88.57%	100%	83.33%	94.28%	100%	95.00%	93.80%	98%
CTP %	90%	75%	79.3%	80.1%	81.4%	98.00%	94%	100%	98%	98%	98%	98%	98.00%	74.00%	96.2%
CHOICE to NCP Conversion Rate	65%	62.82%	79.54%	84.12%	73.84%	85.48%	76.92%	72.88%	71.21%	77.92%	79.68%	79.68%	67.64%	67.74%	72.85%
ND RTT %	80%	40.34%	38.50%	43.29%	41.58%	47.71%	49.23%	53.15%	51.08%	61.36%	74.75	81.41%	81.38%	73.95%	76.24%
ND Referrals Received		263	253	281	81	189	218	268	237	284	359	388	258	331	368

PCAMHS	Target	May-24	June-24	July-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
1A Referrals Received		146	123	129	93	78	147	96	108	161	125	102	109	52	100
Part 1A MHM (appt attended within 28 days of referral)	80%	86.17%	86%	94.26%	100%	94.73%	98.57%	91%	98.66%	81.43%	87.30%	81.25%	83.61%	94.94%	100%
Part 1B MHM 28 days following IA	80%	0.00%	5.3%	4%	5.76%	2%	10%	25%	84.74%	84.21%	81.96%	84%	82.67%	85.71%	84%

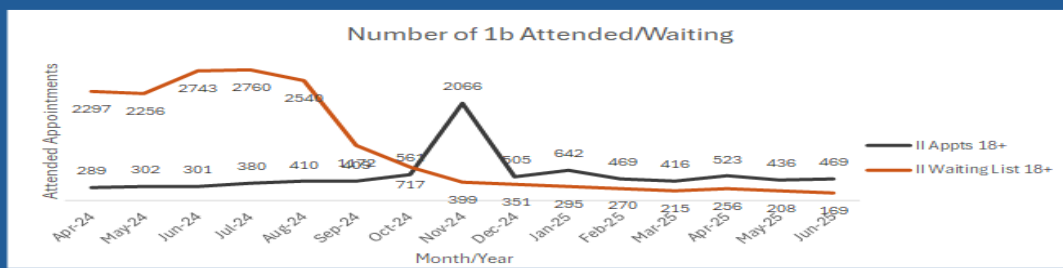
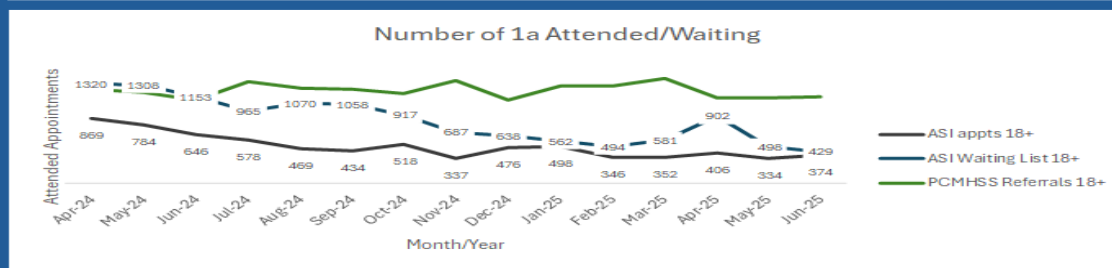
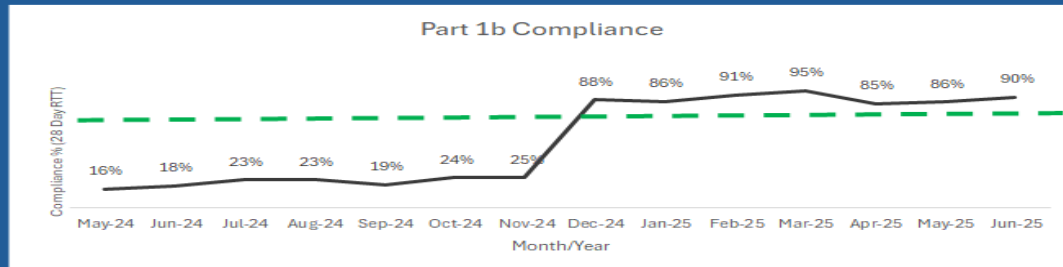
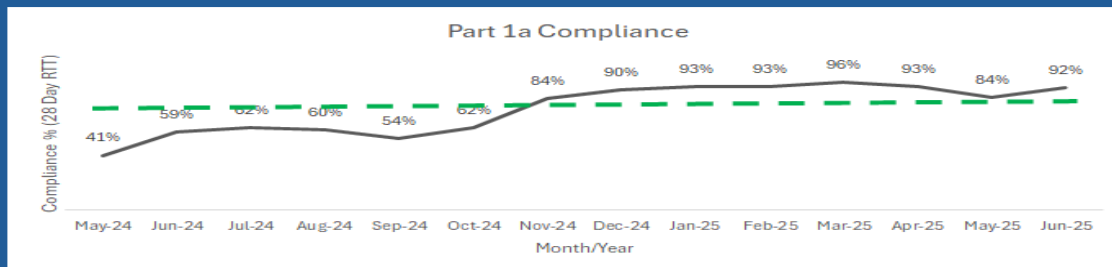
Section 136 Data (Obtained from MHA office)	May-24	June-24	July-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
	3	4	2	4	1	2	5	2	1	2	3	2	1	0

Part 1 Compliance

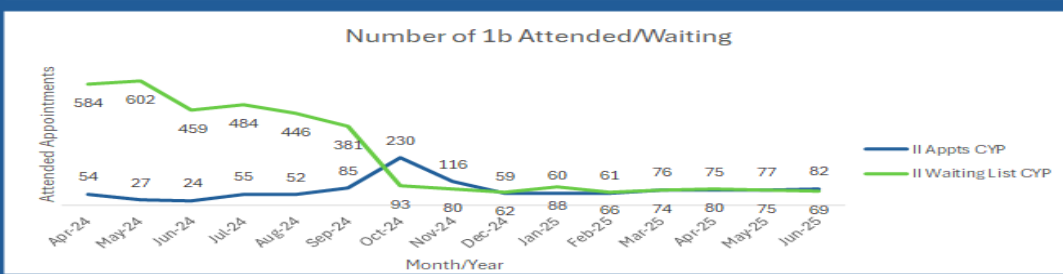
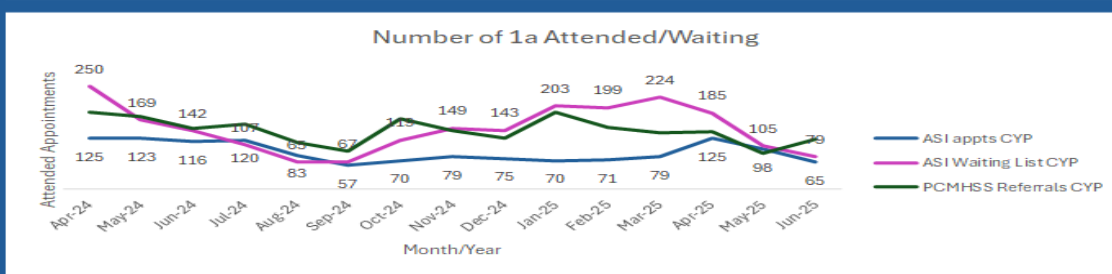
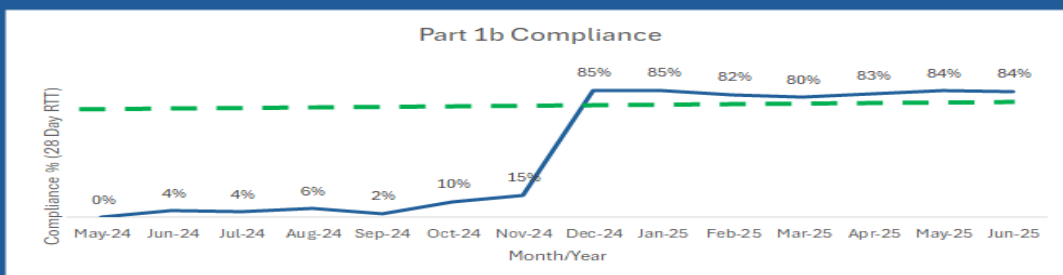
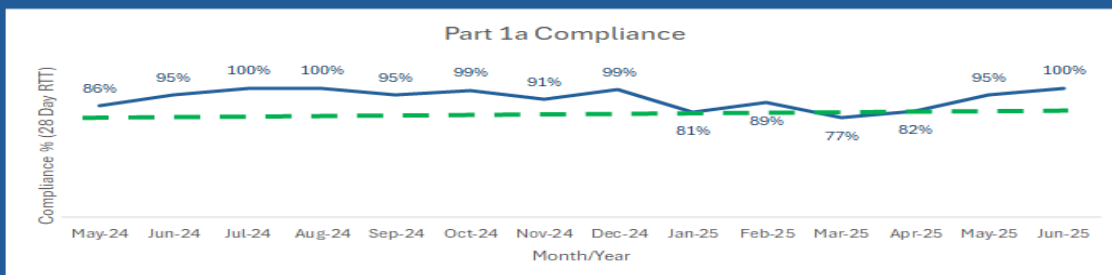
- **Performance Improvements**
 - PCAMHS alignment with ICAMHS has improved Initial Assessment (IA) RTT compliance, consistently meeting/exceeding the 80% target.
 - Backlog for Initial Intervention (II) appointments reduced from ~600 to **24 patients** since September 2024.
- **1+1 Model Launch**
 - Introduced on 4 September 2024: offers +1 intervention within 28 days of IA.
 - Enabled sustained 80% compliance for 1B since December 2024.
 - Wellbeing booklets developed for younger and older age groups as part of key interventions.
- **Data Recording Issues**
 - March IA compliance reported at 77% due to incorrect clock adjustments.
 - Validated data showed 82%, but not accepted by Performance team.
 - Extensive training and communication implemented to prevent recurrence—no issues reported in April and May.
- **Referral Trends**
 - June saw a doubling of 1A referrals, typical for end of school year.
 - School counselling closures contribute to spike.
 - School in-reach team available to support assessments during summer holidays.

JUNE 2025 ABUHB Part 1 and Waiting Lists

Adult

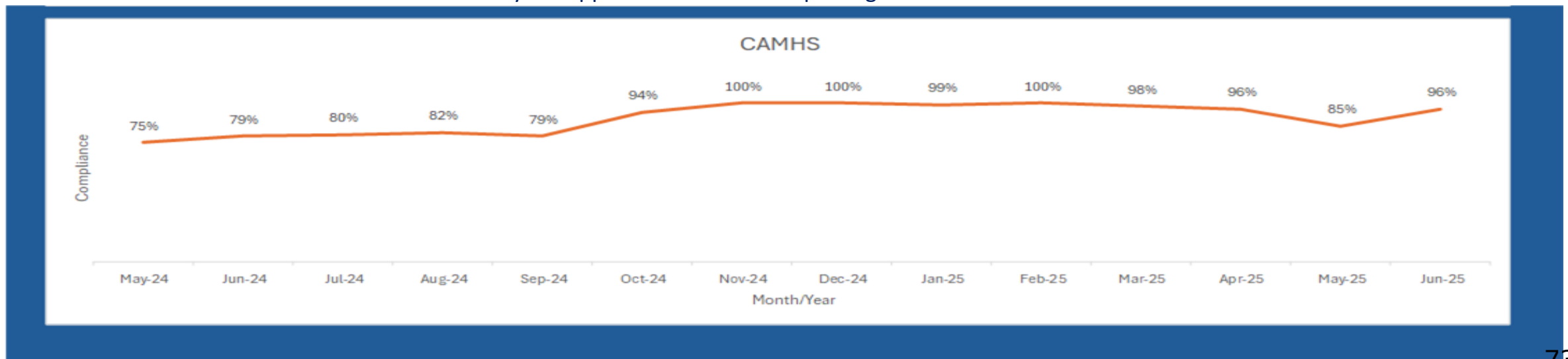


CYP



CAMHS Part 2 CTP compliance

- **CTP Compliance Update**
 - May compliance dropped to 85%, now improved to 96% in June through team collaboration and ongoing validation.
 - Further improvement expected for July reporting.
- **Ongoing Monitoring & Auditing**
 - Continued work with SIM and Team Leads to ensure consistent auditing of CTP Part 2.
 - Monthly CTP meetings held with each Part 2 Team Lead to confirm updates are appropriately recorded.
- **Data Accuracy & Validation**
 - Previous data entry and reporting system issues impacted accuracy.
 - System issues now resolved; emphasis placed on regular validation and clinician engagement to ensure quality compliance.
 - Validation of team CTP caseloads underway to support accurate June reporting.



Plans for 25/26 – CMHT

- **Service Improvements and Support**

- **CORE CMHT** is actively validating and refreshing opt-in status for young people waiting over 9 months.
- Those opting in will be offered a **‘re-choice of need’**, leading to:
 - Continued placement on the waiting list
 - Signposting to alternative services
 - Referral to partner agencies

- **Summer Support**

- In-reach team is increasing group work support for CMHT during school closures.

- **Strategic Development**

- Exploring a stepped care model across CAMHS with Dr Mark Griffiths:
 - Individuals begin with the least intensive effective treatment
 - Option to “step up” to more intensive services if needed



CAMHS Service Outcome Measures

Outcome Measures – Current Use & Improvements

- PREMs and PROMs are in use but require more consistent application across all clinicians and teams.
- CAMHS has committed to using the following standardised tools for all CYP seen within ICAMHS:
 - **Goal Based Outcome (GBO)** – clinician-rated
 - **Children’s Global Assessment Scale (CGAS)**
 - **Strengths and Difficulties Questionnaire (SDQ)**

Satisfaction & Experience Tracking

- Aim to complete **CHI-ESQ** (Continuing Health Improvement Experience of Service Questionnaire) for all cases.
- **Operational Improvements**
- Collaboration with SIM, OP Leads, and Team Leads to standardise outcome use and improve data recording.
- Plan to implement **quarterly audits** and data reviews to inform teams and SMT, supporting service development.

ND Performance

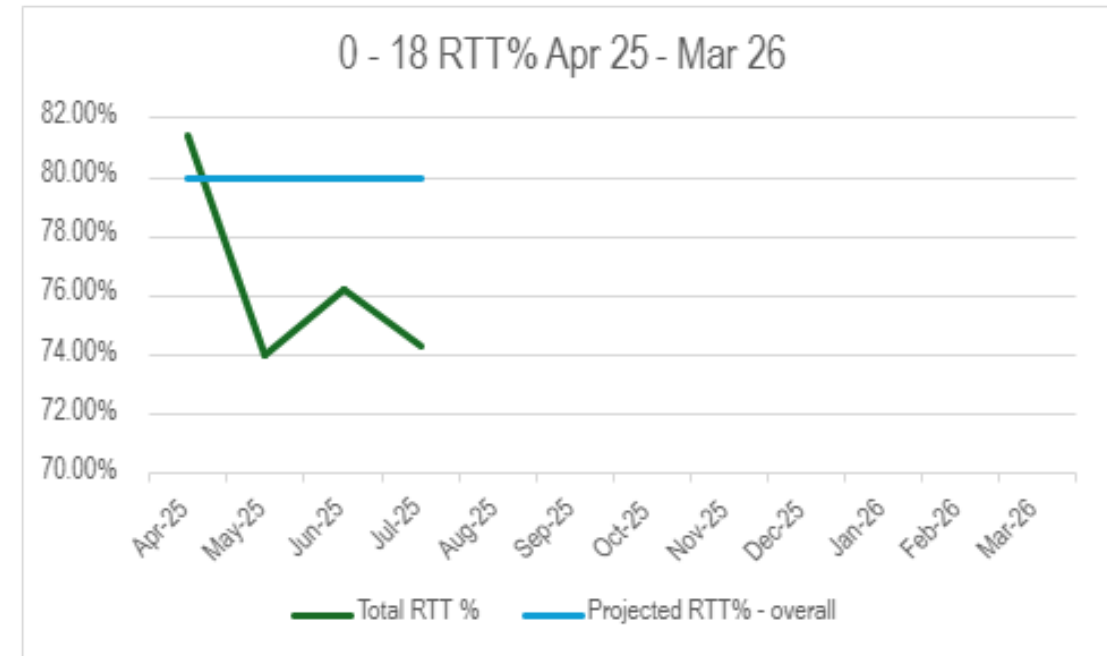
	Total on waiting list	Total over 26 weeks	Total RTT %
Apr-25	1069	199	81.38%
May-25	1148	299	73.95%
Jun-25	1330	316	76.24%
Jul-25	1413	363	74.31%

Total on waiting list: Increasing steadily from 1,069 in April to 1,413 in July.

Total over 26 weeks: Increasing, indicating more children are waiting longer.

Longest weeks waiting for July 2025 – 42 weeks (improvement)

RTT % (Referral to Treatment within target time): Decreased, from 81.38% in April to 74.31% in July. Challenges are related to backlog and transformational work.



Neurodiversity

Improvement Initiatives in place:

- **Triage and Prioritisation Enhancements**
 - Introduce or refine clinical triage to fast-track urgent cases.
 - Use digital tools to support prioritisation based on need and risk.
- **Waiting List Validation**
 - Regularly review and cleanse the waiting list to remove duplicates or cases no longer requiring service.
 - Contact families to confirm ongoing need and update records.
- **Group Interventions**
 - Offer group-based sessions (e.g. parenting support, anxiety management) to reduce individual appointment demand.
- **Flexible Staffing Models**
 - Consider skill mix reviews to delegate tasks appropriately
- **Online Resources & Self-Referral Pathways**
 - Promote SPACE Wellbeing self referrals or self-help resources to families waiting.
 - Offer webinars or recorded sessions for common concerns.
- **Virtual Consultations**
 - Increase use of video appointments where clinically appropriate to reduce travel and increase throughput.

Impact

- Vacancies from September 2025 need to be backfilled to maintain capacity



Quality, Patient and Safety Activity



Quality Improvement Overview



Quality Improvement Work

MHLD Divisional Policy & Control Document Group

- All MHLD policies have been reviewed, a tracker has been developed, monthly meetings to review status of policies has been ongoing
- Since January 2025 7 policies have been ratified, with a further 3 expected to be completed in the following months and leads assigned to all others with a goal for all remaining policies to be ratified by March 2026
- Therapeutic Observation & Engagement policy under review by multi-professional steering groups, this has been a policy that has been raised via HIW. The planned launch is October 2025 with focused training events to support safe and effective rollout

Training & Competency

- Interim checklist, and induction booklets in place for temporary, bank and agency staff, whilst linking with resource bank more frequently and including in professional standards meetings.
- Therapeutic Observation & Engagement, Ligature and WARRN training added to ESR
- Training available and bookable through March 2026 for substantive staff
- Remote training package (ESR/pre-recorded) for temporary staff launching October 2025
- Therapeutic Observation & Engagement added to Health Roster as a skill requirement
- QI & QI Coach training is being promoted for enrolment
- Resus handbooks available on the wards as well as promoting Resus ESR training (and in person where available)



Quality Improvement Overview Continued



Quality of Clinical Recording

- Divisional audit of CTP and WARRN completed
- SOP developed to define standards for managing DSH incidents (August 2025)
- Daily 'touch point' meetings to review DATIX reports and ensure appropriate follow-up further developed to 'safe to start'
- Introduction of Health Board ward accreditation with use of AMAT
- Personal alarm audit has been completed
- Revised process for WP10 safe storage and issue
- Review and amendment of absconding policy
- Proceeding with use of RTA / AI in PCMHSS and progressing with a new system to replace WCCIS

Nationally Reportable Incidents and Investigations

- A revised incident review process has been implemented with good effect of more timely discussions and review. This begins with a review of every incident within 24hr period and further governance arrangements in place. Of note, no new NRIs were reported in July, with overdue incidents reduced from 8 to 4. Increased inquests by the coroner require faster, comprehensive reviews. Delays in investigations may prolong formal processes, but ongoing work supports divisions in managing these cases. Patient safety incidents and never events were nil in July.

Safeguarding Processes and Training Compliance

- The Corporate Safeguarding Team ensures timely referrals and risk management, with no escalations due to process failures last month. Inpatient safeguarding incidents show active action plans and learning. MHLD leadership commits to regular safeguarding supervision, with Level 3 training compliance at 45% and significant progress made since its April 2025 mandate.
- Training and guidance provided through new staff forums



Quality Improvement Overview Continued



Complaint Case Management and Overdue Cases

- The Division has eliminated cases open over 12 months and reduced cases overdue between 6-12 and 9-12 months despite staffing shortages. Regular meetings and deep dives support complaint response completion. In July, 10 cases were received across various mental health teams, with 18 outstanding complaints overdue ranging from less than 30 days to over 6 months.

Compliance with Complaint Response Targets

- Compliance with the 30-day formal complaint response target slightly decreased in June, partly due to closing historic cases, while early resolution compliance declined due to MH&LD QPS team absences. The Health Board aims for 75% compliance in both areas, supported by new template forms to aid timely closures.

Patient Experience Survey Insights

- A new Wales-wide survey launched in May highlights concerns about waiting times, involvement in decision-making, and family support, with the lowest scores on wait times. Ongoing national discussions focus on question weighting and specificity, with monitoring continuing as only three months of data are available.
- Wards and community areas have introduced ReQoL, PREMS & PROMS and Civica for patient feedback

Patient Safety Incidents and Datix Reporting

- Datix incident reports over 13 months show one expected and one unexpected death requiring investigation. Ligature incidents are highest at Belle Vue and Hafan Deg, with notable self-harm and restrictive practice cases. July saw a dip in overall incidents. A thematic review is underway to understand self-harm incident variations.
- Amended process for SI from how they are identified and reported back to Division with more timely responses



Quality Improvement Overview Continued



Engagement in National Strategy

- Participation in National Patient Safety Programme for MHL, each workstream has a lead assigned with ongoing working group meeting
- Suicide and self-harm prevention initiatives
- Involvement in physical intervention reduction network, this is being undertaken by the Enhanced Care Programme linking in with performance and ICT colleagues
- Development of ABUHB MHL Strategy that aligns to National Strategy

Governance & Monitoring

- Oversight via Divisional and Directorate QPS
- Bi-monthly Divisional action plan meetings and monthly Directorate action plan meetings to review items from the quality improvement plan, SUD thematic review recommendations and HIW recommendations
- Implementation of professional standards action plan
- Development of an escalation process
- Monthly reporting into DMT meetings for Divisional oversight
- Undertaking HIW Mock inspections for shared learning and review through action plan meetings
- More visibility of senior leadership through planned / unplanned ward and site visits
- Creation of staff forums to share learning, gain feedback and promote Divisional priorities
- Review of structures and core establishments for safe staffing levels, further reviews taking place moving into OCP inline with Workforce Strategy
- Risk and Capital Registers now held divisionally with oversight monthly in DMT Meetings
- ADD post created for medic oversight at divisional level



QPS Overview- DSH and Observations



QPS- HSE Hafan Deg

Inspection Overview

- **Date of Inspection:** 19 June 2025
- **Notification Letter Issued:** 9 July 2025 (Health & Safety contraventions)

Areas of Concern

- **Violence & Aggression:** Personal and affray alarms
- **Abandoning Risk:** External door access; garden furniture
- **Self-Harm:** Quality of WARRN and CTP
- **Restrictive Intervention:** Training adaptations for 65+ age group

Actions Taken

- Fortnightly meetings with Health & Safety and OAMH senior leadership
- Action plan developed to address recommendations
- Immediate safety measures implemented (alarm testing, personal alarm availability)
- Divisional audit of personal alarms requested (7 Aug); report due 18 Aug
- Bespoke WARRN/CTP training session planned for Hafan Deg
- Ongoing meetings to monitor progress
- Response to HSE due by 30 Sept – must evidence actions taken

Next Step

- Share and implement inspection learnings and action plan across MH/LD division

- **Most reported DATIX incidents:** Self-harm and restrictive practice.
- **Increase in reporting** aligns with expected rise in actual incidents.
- **Risk management:** Proportionate use of restrictive interventions (mainly PMVA techniques) in response to deliberate self-harm.
- **April 2025 thematic review** of DSH incidents led to a focused action plan for service improvement.
- **Additional case reviews** identified further learning and broader improvement opportunities.
- **Top emerging themes:**
 - Staff training and competency (substantive and temporary), especially in risk recognition and response.
 - Quality of clinical documentation (WARRN, DATIX, patient records).
- **Key needs:** Targeted staff development and improved documentation to support risk management and continuity of care.
- **Next Steps:** Benchmark DSH incidents and use of restrictive practices across Welsh Health Boards





QPS- Celebrations



Creativity & Connection

Garden Refurbishments:

- Pilmawr Ward
- Annwylfan Ward
- Ty Cyfannol – Balcony garden fence art (collaboration AiH)

Connection & Communities

- Hafan Deg- Summer Garden Party
- Mental Health Community Football Match – arranged by EIS, in memory of Jamie Harrison.

Nursing Networks Evolving Well

- 30 Band 7 MHLN Nurses connected to ABUHB Cross Divisional Network of learning and connections activity.
- New Starters Network 2nd event upcoming.

Recognition and Celebrations- Conference

ABUHB Nursing Awards:

- **Winners** of the ABUHB Nursing/Midwifery/SCPHN Team of the Year Award- **MH111p2 Team**
- **Runner Up** - The Alice Mildred and Jack Margetts Scholarship Award for Outstanding Care of the Older Person- **Annwylfan Ward.**

ABUHB Nursing Conference

- **Event Key Presentation** – from SEDS – “*Men get Eating Disorders too! – Improving Access & Care*”
- Posters Exhibited
 - “*Implementing an Educational Initiative to Enhance, Dignified Language in Dementia Care*”- MECS Team
 - *Transforming Eating Disorder Care*- **SEDS Service**

Growing Networks of Volunteers Visitors

Volunteers numbers increasing in Mental Health Settings in collaboration with Ffrind-Y-Mi

Recognition and Celebrations

ABUHB Staff Recognition Awards: Shortlisted Categories

- **Sustainable Health Care** - Ward Project -Ty Cyfannol
- **Improving Patient Experience**- Joanne Thornton: MECS
- **Leadership**- Charlotte Swithenbank EIS
- **Population Health and Wellbeing** - Dawn Morgan (MECS)
- **Quality, Sustainability and Efficiency**- Sharon Hall (Forensic)
- **Team of the Year**
 - EIS
 - Newport AOT

**CYFARFOD BWRDD IECHYD PRIFYSGOLN
ANEURIN BEVAN
ANEURIN BEVAN UNIVERSITY HEALTH BOARD
MEETING**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	09 September 2025
CYFARFOD O: MEETING OF:	Mental Health and Learning Disabilities Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Chief Operating Officer Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	COO, Leanne Watkins
SWYDDOG ADRODD: REPORTING OFFICER:	COO, Leanne Watkins

**Pwrpas yr Adroddiad
Purpose of the Report**

Er Gwybodaeth/For Information

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The Chief Operating Officer's report summarises current progress, operational oversight, and key developments within the Mental Health and Learning Disability Division.

Cefndir / Background

This report provides the Committee with a comprehensive overview of current progress and key developments within the Mental Health and Learning Disability Division. It includes operational oversight updates covering incident management, policy changes, service achievements, and ongoing challenges. Additionally, the report addresses specific areas requested by the Committee for further updates.

Asesiad / Assessment

Below is an update on specific areas:

- **Operational Delivery & Workforce** - Efforts across the division remain focused on improving patient flow by addressing demand, commissioned care, and pathway delays. Despite ongoing financial pressures, proactive

engagement and service redesign have helped mitigate savings shortfalls. Workforce challenges are being actively managed through recruitment initiatives and innovative approaches, including the trial of new screening tools, while support continues for staff wellbeing amid rising sickness rates.

- **Safeguarding & Governance** - Safeguarding practices are well-embedded across the division, with regular supervision and proactive action planning in response to incidents. Governance is robustly supported through Divisional and Directorate QPS structures, bi-monthly action plan meetings, and strong oversight of professional standards, ensuring continuous improvement and accountability.
- **Quality Improvement & Monitoring** - The Division remains committed to continuous improvement through benchmarking incidents of self-harm and restrictive practices across Welsh Health Boards, fostering shared learning and best practice. This is complemented by a strong focus on data accuracy, performance validation, and consistent outcome reporting across services, supporting transparency and informed decision-making.
- **Risk Management & Incident Reporting** - The rise in reported incidents related to self-harm and restrictive practices has prompted a proactive response, including a thematic review that informed a targeted action plan focused on improving documentation and enhancing staff development. These initiatives reflect a strong commitment to learning and improvement, with risk management responses actively monitored through ongoing divisional governance to ensure safe and effective care.
- **Policy & Compliance** - The Therapeutic Observation & Engagement Policy is undergoing a constructive review, with a revised version set to launch in October 2025, supported by targeted training events to enhance staff understanding and implementation. Following the recent HSE inspection at Hafan Deg, key safety concerns such as violence, absconding, and self-harm have been identified, and a comprehensive action plan is now actively being progressed to strengthen safety and care standards.

The following updates are provided to inform the Committee of progress and activity related to previously discussed agenda items or specific areas in focus. These updates are intended to support ongoing oversight and assurance regarding key areas of service delivery and improvement.

- **Right Care Right Place Update (RCRP): Transport & Conveyance Challenges/Current Issues** - A multiagency approach is being embedded to streamline crisis response and reduce reliance on costly secure transport, with early consultation through the 111p2 service. Development of an Integrated Mental Health Crisis Pathway under the RCRP is progressing well, aiming to deliver seamless, person-centred care aligned with national strategy. This pathway will support timely assessments, appropriate transport, and sustainable alternatives to admission, despite current challenges around fragmented provision and limited transport capacity.

A new Standard Operating Procedure (SOP) is being developed to clearly define agency responsibilities under RCRP across four tiers of transport provision, supporting safer and more efficient crisis response. This includes continued use of St John's Ambulance for compliant patients, police involvement in high-risk scenarios, and the creation of a clinically led Health Board transport solution aligned with national mental health strategy. The SOP is being finalised with multi-agency partners, alongside a cost proposal for dedicated vehicles and staffing. Integration of transport and conveyance into the Single Point of Access (SPoA) for crisis care is planned for April 2026, forming a key part of the wider Integrated Crisis Pathway to ensure timely, person-centred support and alternatives to admission.

Appendix 1 is attached for further information.

- **Mental Health Act Bill Update** - The Mental Health Act Bill 2025 aims to reform the Mental Health Act 1983 by modernising mental health legislation across England and Wales. The Bill addresses several critical issues, including rising detention rates, racial disparities, and the inadequate treatment of individuals with learning disabilities and autism. It promotes choice and autonomy, ensuring least restrictive care, delivering therapeutic benefit, and treating individuals with dignity and respect.

For health boards, the implications are significant. New duties include enhanced care planning, the involvement of 'Nominated Persons' in care decisions, and tighter criteria for Community Treatment Orders (CTOs) to reduce their inappropriate use. Staff training is crucial to ensure the Health Board meets the new requirements set out in the Bill.

The implementation timeline is phased, with updates to the Code of Practice, new criteria for Tribunal referrals, and the introduction of the nominated person module expected to begin in July 2026. The MH&LD Division is currently scoping the likely impact of the Bill and will update further in future meetings.

Finally, I would like to recognise the achievements and progress within the Division:-

- **Awards** - MH111p2 Team won the ABUHB Nursing/Midwifery/SCPHN Team of the Year; Annwylfan Ward 1 was runner-up for the Alice Mildred and Jack Margetts Scholarship.
- **Conference Contributions** - SEDS and MECS teams presented on eating disorders and dementia care language at the ABUHB Nursing Conference.
- **Staff Recognition** - Multiple teams shortlisted for ABUHB Staff Awards across categories including Patient Experience, Leadership, and Sustainability.
- **Volunteer Growth** - Increased volunteer engagement in mental health settings via Ffrind-Y-Mi.
- **Community Engagement** - Events such as Hafan Deg's summer garden party and EIS's football match in memory of Jamie Harrison.

- **Professional Networks** - 30 Band 7 MHLN Nurses now connected through the ABUHB Cross-Divisional Network.

Argymhelliad / Recommendation

Please note this report is provided for information and includes updates on the specific areas requested by the Committee at its previous meeting.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability 2.1 Managing Risk and Promoting Health and Safety 2.7 Safeguarding Children and Safeguarding Adults at Risk 3.1 Safe and Clinically Effective Care
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Older adults are supported to live well and independently Getting it right for children and young people
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Experience Quality and Safety
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Work in partnership with carers to continue awareness raising, provide information and improve practical support for carers Improve the wellbeing and engagement of our staff Improve patient experience by ensuring services are sensitive to the needs of all and prioritise areas where evidence shows take up of services is lower or outcomes are worse Improve the access, experience and outcomes of those who require mental health and learning disability services

Gwybodaeth Ychwanegol:

Further Information:

Ar sail tystiolaeth:
Evidence Base:

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Rhestr Termau: Glossary of Terms:	COO – Chief Operating Officer RCRP – Right Care Right Place SOP - Standard Operating Procedure SPoA - Single Point of Access
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Executive Committee

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Choose an item. Choose an item. Not applicable to this report



RCRP Update

Mental Health and Learning Disabilities Committee
Tuesday 9th September 2025



RCRP: Transport & Conveyance Challenges/Current Issues



Challenges

- Current provision is fragmented and lacks clarity on roles and responsibilities across agencies, leading to delays and reliance on secure transport that is costly and ineffective.
- St John's Ambulance and WAST having limited capacity due to acute care demands and constraints
- Secure transport requests are costly and unsustainable.

Development

- Embedding a multiagency approach for timely consultation with our 111p2 service, before requests for transport is put forward by partner agencies.
- Development of an Integrated Crisis Pathway as part RCRP is central to delivering a seamless, person-centred response to MH crisis. This aligns with national MH strategy for MH open access/SPOA to crisis and acute care.
- Integrated MH Crisis Pathways will be a critical enabler for assessments / admissions and appropriate transport. Our Aim is ensure immediate crisis response and sustained alternatives to admission.





Multi-Agency SOP Development

Our teams are working on a new SOP that will set out agency responsibilities under RCRP across four tiers of provision:

- **St John's Ambulance** – Will continue to transport compliant/non-escalating patients; although there are long wait risks as St John's capacity is constrained.
- **Police** – To transport where there is imminent risk to life/serious injury or concerns about public safety under policing principles.
- **Health Board/MH&LD solution (as part of the Integrated Crisis Pathway)** - development of a clinically-led transport option following assessment, requiring dedicated vehicles and funding (review of current leases and potential new procurement underway). Ensures our alignment with national crisis strategy and our commitment to comprehensive assessments and use of alternatives to admission
- **Secure Transport** - costly and unsustainable for routine use; not a core offer or service offered by the HB



Next Steps



- Finalise and ratify SOP with multi-agency group and partners.
- Cost proposal for HB transport solution (appropriate vehicle/staffing).
- Development of an Integrated Crisis Pathway to align with the National MH strategy (SPoA for crisis/acute care) and will be central to RCRP to ensure rapid response + single point consultation with strategic partners for patient in crisis needs and as an alternative to admission.
- Timeline for integration of Transport/Conveyance into SPoA Integrated Crisis delivery is April 2026.



DYDDIAD Y CYFARFOD: DATE OF MEETING:	09 September 2025
CYFARFOD O: MEETING OF:	Mental Health and Learning Disabilities Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Dementia Standards Assurance Paper
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Jennifer Winslade, Executive Director of Nursing
SWYDDOG ADRODD: REPORTING OFFICER:	Amanda Whent, Lead Nurse Dementia Tanya Strange, Head of Nursing

**Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

Assurance report to demonstrate progress against the All-Wales Dementia Action Plan and the All-Wales Dementia Standards of Pathway of Care in Gwent.

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The Dementia Action Plan for Wales (2018) sets out the Welsh Government's commitment to promoting the rights, dignity and autonomy of people living with dementia and the people who care for them. An established Regional Strategic Partnership Group, (chaired by the Lead Nurse for Dementia) has developed a Regional Strategy and Action Plan to drive forward improvement actions against the 6 key aims of the *All-Wales Dementia Action Plan*, and the *All-Wales Dementia Care Pathway Standards*.

Through dedicated workstreams, the Regional Strategic Dementia Partnership have taken a proactive approach to implementing the Standards. The progress is overseen by the Regional Leadership Group and Regional Partnership Board. The Health Board also completes the NHS Performance Framework which encompasses partnership actions across the region.

This paper and the accompanying Dementia Annual Report summarise progress over the past 12 months.

Background:

In March 2021, Improvement Cymru published the 'All Wales Dementia Care Pathway Standards' (attachment b).

The 20 standards indicate what people believe will make a positive difference to dementia care in Wales.

Each standard applies to all people being assessed, diagnosed and living with dementia and their carers', recognising people with dementia as a vulnerable group, together with individuals with special characteristics such as Learning Disability and Black Asian and Minority Ethnic Groups. The overriding approach for implementation of the standards is one of multi-agency responsibility with the Standards supporting the Dementia Action Plan (DAP).

The Regional Dementia Strategic Partnership Group is well established. It provides a forum for strategic and clinical leadership, engagement, consultation and joint decision making across the health, social care and third sector agenda for dementia care in the five local authority areas and the Aneurin Bevan University Health Board. A Gwent Dementia Friendly Community group are represented by each local authority and sits alongside this group.

Through its membership the Dementia Strategic Partnership is also aligned to the work of the regional Carers Partnership Group; End of Life Care Partnership; Mental Health and Learning Disability Partnership, Gwent Adult Strategic Partnership and ISPB's.

The Dementia Strategic Partnership Group is supported by a sub structure of Workstreams to take forward specific areas of work. The attached Annual Report highlights key activity undertaken and includes progress to date and the priorities for 2025/26.

Asesiad / Assessment

The 2024-2025 Dementia Annual Report reflects the work that the Regional Dementia Partnership Group and Dementia Friendly Communities Programme has delivered against the aims, objectives and priorities aligned to both the Dementia Action Plan for Wales (2018-2022) and the All-Wales Dementia Care Pathway of Standards (2022). The Dementia Annual Report provides an overview of progress taken to implement the Dementia Standards for assurance.

Key highlights include:

Workstream 1: Community Engagement.

- Significant engagement has been undertaken across all areas of Gwent, reaching over 1,500 individuals through 70 + group visits, events, online and in person sessions to find out 'what matters' to people around dementia care.
- The team are currently linked in with Monmouthshire ISPB and developing workstreams specific to Monmouthshire.
- There has been increased attendance at community groups, increasing reach with diverse communities
- Dementia Hubs are in progress in each Borough.
- The Dementia Friendly Communities Gwent Network now has over 300 participants.
- Dementia Friends sessions held in local schools to promote intergenerational practice.

- Collaborative and strengthened partnership with employment services and other organisations to support people living with dementia, their families, and carers in the workplace.
- Llais survey from Older Adult dementia in-patient feedback and outcomes.

Workstream 2a: Memory Assessment Service Pathway.

- 10 Data Measurement Sets have been agreed nationally and regionally and are being recorded to support impact and benchmarking of services.
- Workstream partners are currently speaking to people living with dementia, families and carers, to encourage them to join workstreams.
- Increase in assessment and diagnosis rates.
- Review Memory Assessment Pathways of care.
- Memory Rehabilitation programme.
- Memory assessment Information leaflets.

Workstream 2B: Carers Education and Support

- The MEC (Mapping, Education and Carers) Team have developed a Gwent wide Carers Information Course in all five Gwent boroughs.
- Carers are also offered Positive Approaches to Care training.
- A resource pack for Carers has been developed and is in use (paper and digital).
- The team are currently developing a Padlet for Carers to access a wide variety of up-to-date information.
- 'DAVID', Details and Vital Information Document is being piloted.
- Carers Hub in the main hospital sites, includes dementia specific information for signposting.

Workstream 3: Dementia Navigator Roles

- Work is ongoing to scope and collect details of navigator/ connector roles in Gwent. Developing role descriptors and funding to identify what we already have available and what we may need to develop.
- Connectors will help and support people, to optimise their wellbeing and access support when needed. Confirmation of funding received for 100K to strengthen the model.

Workstream 4: Dementia Friendly Hospital Charter

- Established multi-disciplinary Dementia Hospital Steering Group
- Developed 3-year action plan to support the Hospital Charter, based on key themes for improvement.
- Wards have proactively engaged in Ward Improvement Plans to help improve patient experience in their areas. VIPS /Ward improvement pilots in Older Adult Mental Health (OAMH).
- Increased professional case discussions at ward level. Dedicated internet page and Padlet for people and staff (including social care/care homes) with numerous resources.
- Improved collaboration with HMP Usk and Prescoed
- Grant funding secured (NHS Charities Together) to drive forward meaningful activities (hospital and community).

- Activity Co-ordinators programme development (uniform Job Description agreed)
- Enhanced Care Review undertaken
- 184 Dementia Champions in place across ABUHB
- Evaluation of patient safety Bedside Boards undertaken showing real value.
- Improved intergenerational activity (ongoing)
- 6 Goals priorities, patient journey. Deconditioning Group and Nutrition and Hydration group reflecting dementia specific challenges.
- Involvement in Welsh ambulance and urgent care pathway.

Workstream 5a: Learning and Development

- Developed the Gwent Regional Learning and Development GoodWork Framework Strategy Plan
- 6 monthly performance report submitted to WG NHS performance team.
- Dementia Aware plus sessions commissioned for all citizens.
- A series of Bitesize learning provided by specialists in areas of practice as well as Staff Induction sessions, meaningful engagement and external learning opportunities have been secured and shared with all Nursing and Residential Care homes within the 5 boroughs. These include face to face / video bitesize learning on:
 - Mental Capacity Act
 - Assistive Technology
 - Audiology
 - Oral Health care
 - Hydration & Nutrition
 - Pain Assessment
 - Dementia Awareness (induction)
 - Experiential learning day
 - Leading change Influencing dementia care.
 - Future Care Planning.
 - Speech and language.

Workstream 5b: Monitoring

- Working with National Leads on national data sets
- Quarterly implementation reporting to NHS improvement Cymru.
- National Leads reviews
- Annual Regional Dementia Report
- ABUHB Dementia Audit
- National Audit Dementia
- Llais citizen survey

Priorities for 2025/26.

The Regional Dementia Board review progress of all Workstreams at each bi-monthly meeting. The identified risks have informed the priorities and mitigating actions for the next year. These are included throughout the Annual Report. In summary, this includes:

Risk/Priority	Impact	Likelihood	Mitigation
1. Workforce capacity and lack of dedicated dementia training resource	Inconsistent staff knowledge, variable care quality, reduced compliance with standards	High	Develop “train-the-trainer” approach, embed dementia awareness into mandatory induction, expand digital/virtual learning, explore regional training leads
2. Short-term or grant-based funding	Services (Hubs, Connectors, Activity Coordinators) may not be sustained; inequity across boroughs	High	Explore funding opportunities, integrate into mainstream service budgets, align dementia work with wider NHS priorities (e.g. urgent care, hospital flow).
3. Data quality and monitoring gaps	Limited ability to evidence progress, benchmark services, or target improvement	Medium	Strengthen data governance, ensure consistent recording across health/social care, dedicate analytical support, align to national dementia datasets.
4. Service variation across boroughs and hospitals	“Postcode lottery” in access and outcomes for people with dementia and carers	Medium	Regional performance framework, peer review across boroughs, standardised commissioning.
5. Competing hospital priorities (urgent/emergency flow vs dementia improvements)	Dementia standards deprioritised; carer inclusion and patient experience compromised	High	Embed dementia metrics into core hospital quality and safety measures, align with 6 Goals urgent and emergency care programme.
6. Carer support sustainability	Carers feel unsupported; increased crisis admissions and breakdown in community care	Medium	Explore potential to formalise carer support in NHS commissioning, explore opportunities in partnership funding

7. Cultural competence and inclusion gaps	Risk of unequal access, failure to meet needs of diverse groups, widening inequalities	Medium	with local authorities, strengthen hospital Carer Hubs. Targeted engagement, co-design with under-represented groups, ensure cultural competence training is mandatory.
8. Dependency on community/volunteer capacity	Reduced reach into diverse communities if recruitment/retention falters	Medium	Volunteer recruitment strategy, formal recognition schemes, NHS support for community listeners and connectors Use dementia champions to cascade practice, integrate dementia work into existing NHS programmes, ensure senior leadership visibility.
9. Change fatigue and staff engagement challenges	Risk of superficial compliance and resistance to fully implement the Standards	High	Partner with universities and Health & Care Research Wales, identify clinical research leads, incentivise staff engagement in research
10. Limited research and innovation capacity	Missed opportunity to strengthen evidence base, slower improvement	Low/ Medium	Partner with universities and Health & Care Research Wales, identify clinical research leads, incentivise staff engagement in research

The Gwent Regional Dementia Strategic Group have taken a proactive approach, through dedicated Workstreams, to implement the standards. This Group has set the work programme for 2025/26, ensuring priorities are embedded. Although there has been evidence of significant improvements, there is still more to do as identified in the risks and priorities for the coming year.

This briefing and the accompanying Dementia Annual Report is offered for assurance.

The Mental Health and Learning Disabilities Committee are asked to **NOTE** the report for assurance, **DISCUSS** the risks and **DISCUSS** onward engagement opportunities.

Amcanion: Objectives:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	2.1 Managing Risk and Promoting Health and Safety

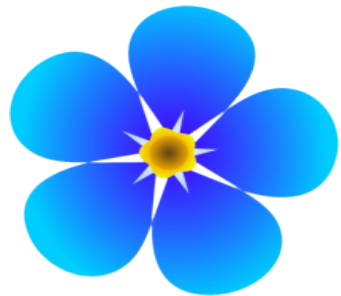
	<p>3.1 Safe and Clinically Effective Care</p> <p>4.1 Dignified Care</p> <p>6. Individual care</p>
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**Gwybodaeth Ychwanegol:
Further Information:**

<p>Ar sail tystiolaeth: Evidence Base:</p>	<p>National Dementia Standards</p> <p>National Dementia Action Plan</p> <p>Quality and Patient Safety Strategy</p> <p>Regional Area Plan</p> <p>Patient Experience and Involvement Strategy</p> <p>NHS Performance Review</p>
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Annual Progress Report against the All-Wales Dementia Care Pathway

Prepared for the Regional Dementia Board
2024/ 2025

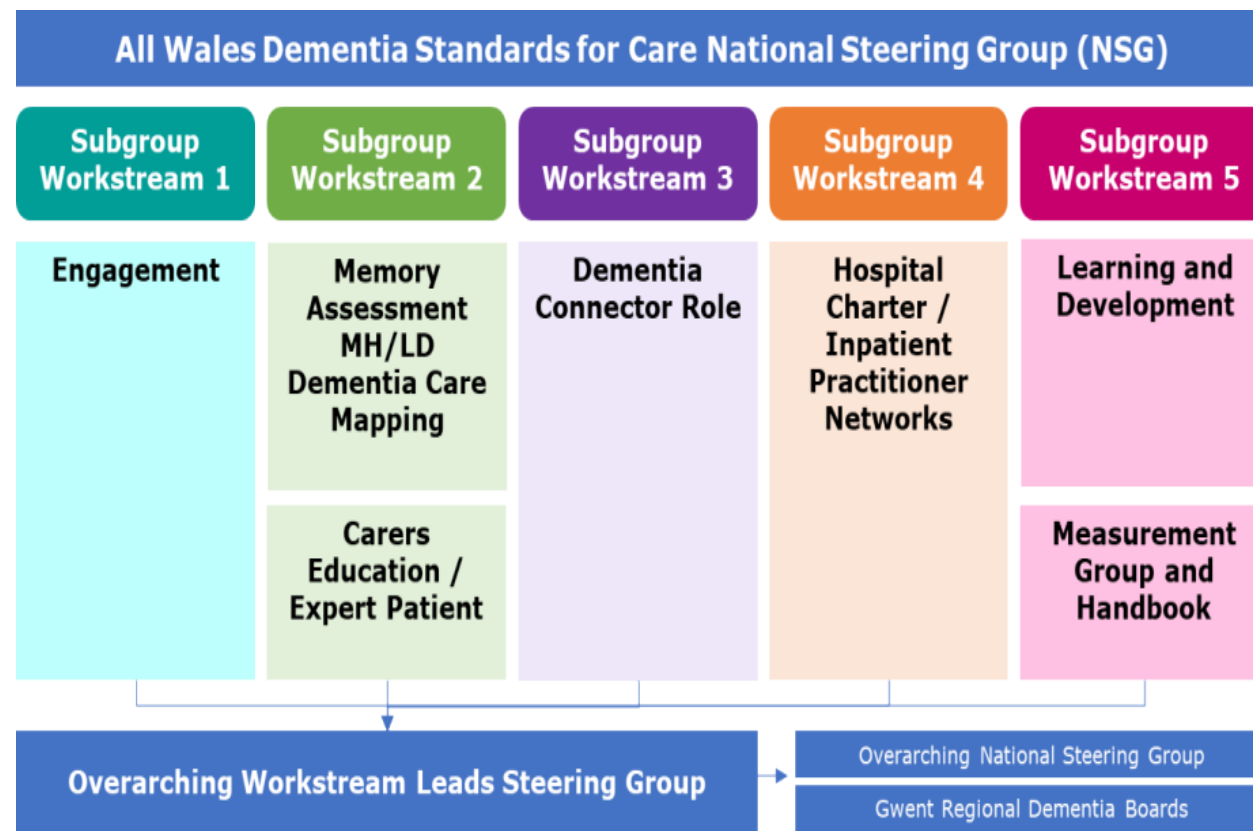
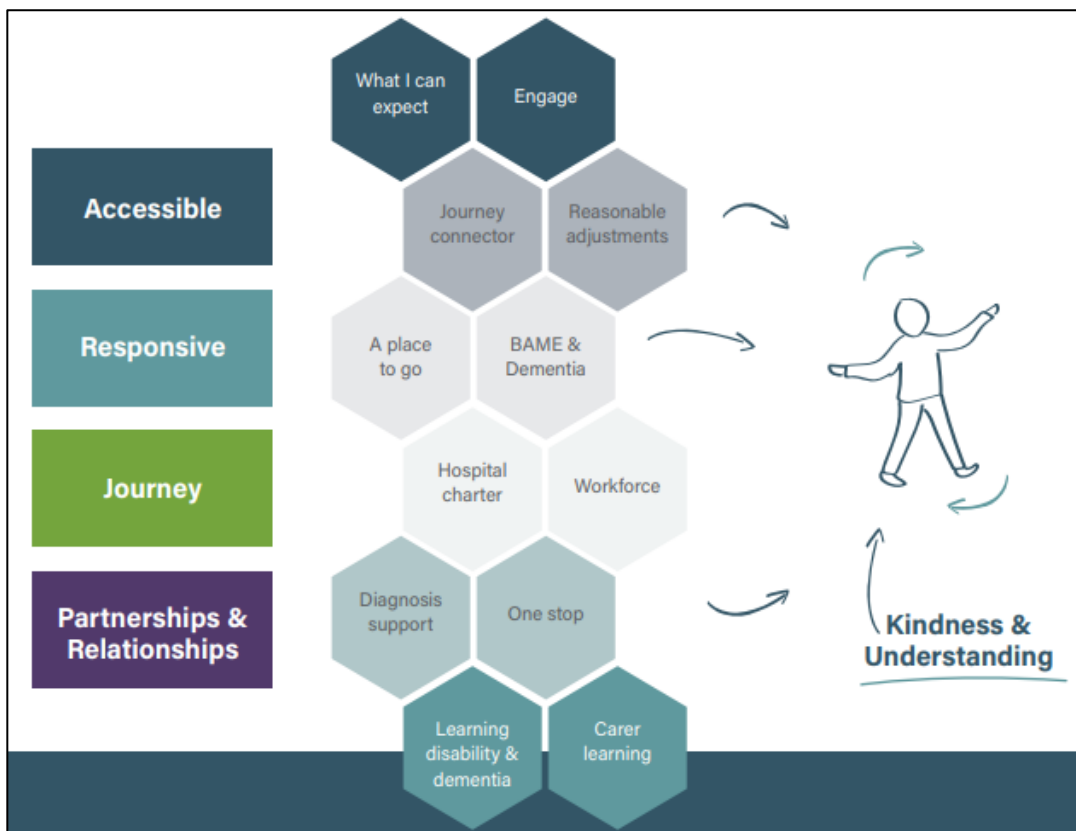


Gwent sy'n Deall Dementia
Dementia Friendly Gwent

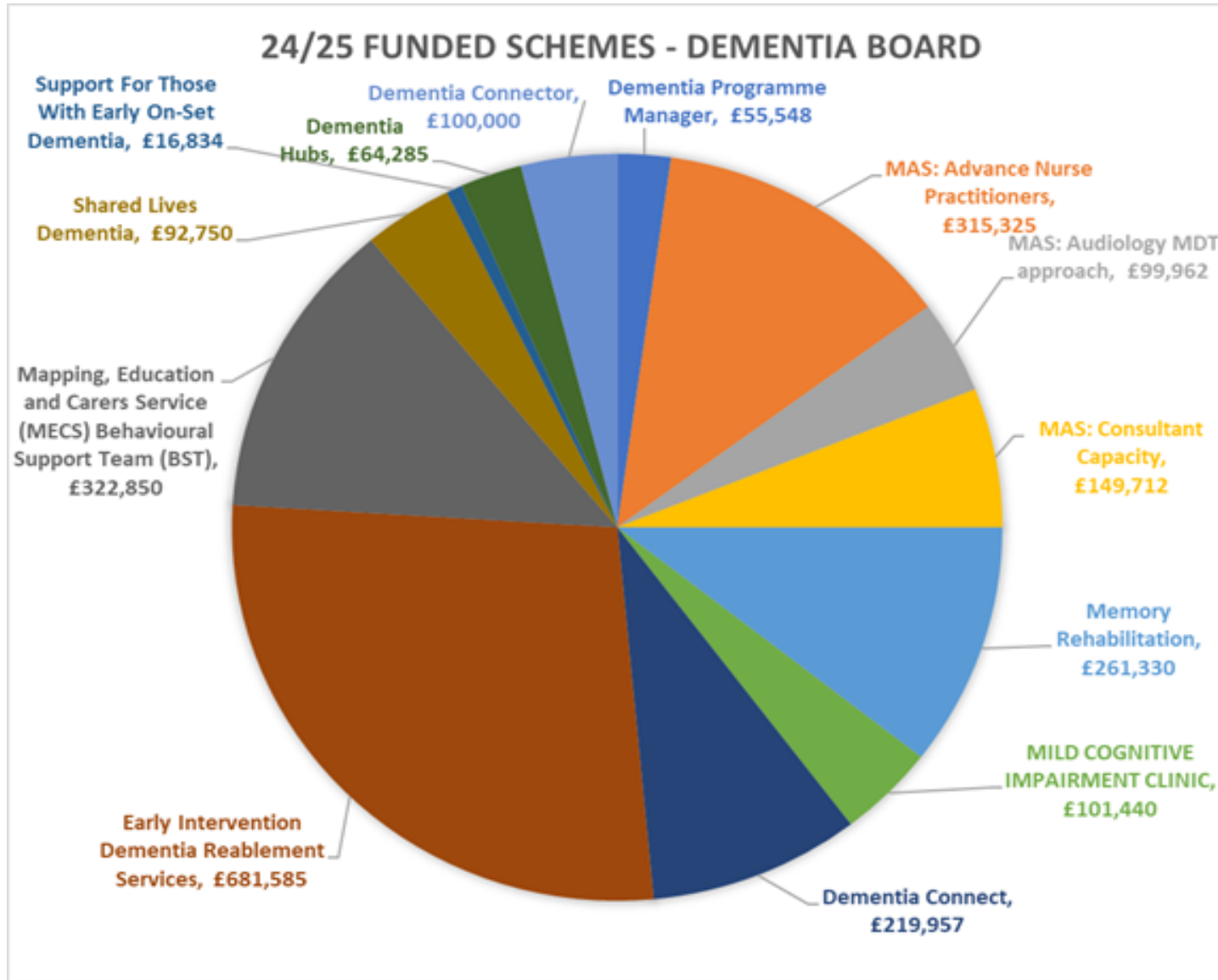
Introduction

The Dementia Strategic Partnership and established dementia workstreams continue to make good progress towards the requirements outlined within the Dementia Action Plan, The All-Wales Dementia Care Pathways of Standards, All-Wales National Dementia Standards, and the National Dementia Hospital Charter.

The past 12 months has seen an increase in community engagement and people's feedback is enabling a more focused review of what matters to the population of Gwent and helps shape future planning.



Examples of Improvements in care and delivery programmes



The RIF (Regional Intergrated Funds) currently support a number of programmes of work which deliver against identified priorities and gaps in care.

The programmes identified remain under review and the Welsh government have not yet identified future funding allocation following 2027.

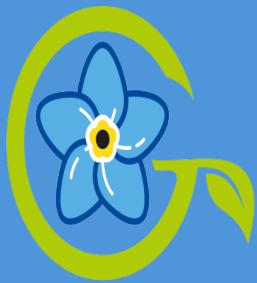
Over the last 12 months the team has attended and participated in **75** events and engaged with **1,500** across Gwent through **70 +** group visits, events, online and in person sessions to find out 'what matters' to people around dementia care.

In Collaboration with Dementia Friendly Gwent 330 members there has been engagement with many groups including ethnic minority communities, attending events to celebrate Ramadan, and a fashion event to showcase cultural dress presented by the children in the community.

The engagement workstream has focused on Newport City as the first region to carry out the 'Listening Campaign' further work and identify gaps in services and improvements needed. The Dementia Growth and Vision Plan will be replicated in each local authority area in Gwent. This work has identified the need for hubs with a dementia specific focus, which would enable people to access support and information in one place.

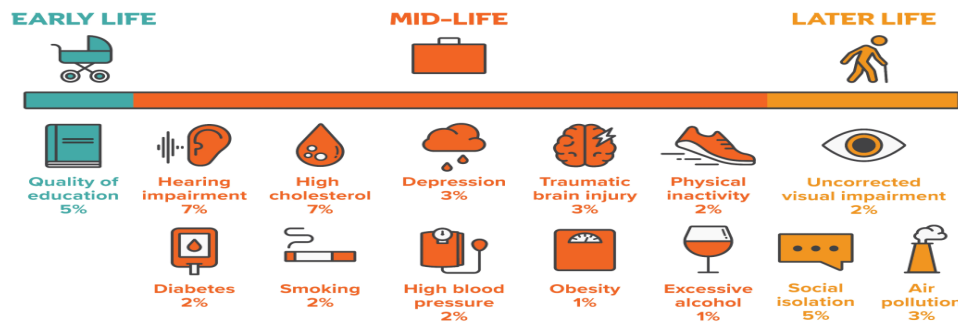
Workstream 1

Community Engagement



Gwent sy'n Deall Dementia
Dementia Friendly Gwent

FACTORS LINKED TO DEMENTIA RISK



The percentage figure refers to the reduction in worldwide cases if this risk factor were eliminated. In the UK, a 1% reduction = 10,000 people.

Adapted from The Lancet standing commission on dementia prevention, intervention and care, 2024.

ALZHEIMER'S RESEARCH UK **FOR A CURE**
Registered charity numbers - 1077089 & SC042474

The newly developed Brain Health information session promotes awareness of the **14 risk factors** for dementia with the aim of increasing knowledge and understanding of a healthy brain and reducing risks associated with dementia.

Collaboration

Amongst the many developments within Community Engagement is the work that has been undertaken to make Parkrun dementia friendly. The team have worked with colleagues in Newport parkrun and provided feedback on changes to ensure that parkrun is more inclusive. Exercise is important for people living with dementia and can support living well with dementia. Social inactivity is a risk factor for dementia and parkrun provides free exercise with the bonus of socialising as people meet for coffee afterwards.

Supporting people to live well as long as possible with dementia is one of our key aims , ABUHB have developed a leaflet, padlet and webpages to provide information about the work we are doing and how to contact the team.

Charity No: 1172466



Beginners Couch to 5K


A supportive walking/ running programme for people living with dementia and their carers — open to everyone!




Get moving at your own pace in a friendly, understanding environment.
Together we'll work towards taking part in the Riverfront Parkrun!

- Dementia-aware and inclusive
- No running experience needed
- Carers and companions welcome
- Build fitness, confidence, and community

Every Thursday , 11am-12pm
First Session meet at Widdershins Centre, Sebastopol



age connects
torfaen.



Tel: 01495 769264
Email: sportsconnect@ageconnectstorfaen.org



Meaningful Engagement is an interaction between two or more people, that is beneficial to all participants. It can be as simple as having a cup of tea or a chat, putting on a piece of music and listening together or going for a walk together.

The purpose of meaningful engagement is to promote person centred care, ensuring the person is valued, has a sense of purpose and ensuring they feel listened to, included and understood.

It is important to learn as much as you can about the person and tailor engagements to their interests. Involving carers and relatives and completing a 'This is Me' or "All about me" document can help us understand and tailor activities and engagement approaches to suit the person.

Helpful information Resources and Web pages.

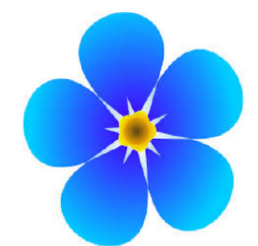


Scan to access the Dementia specific web page which has up to date information and links to services and resources.

For information please contact abb.pcctdementia@wales.nhs.uk



Dementia Care in Aneurin Bevan University Health Board



In Reach Engagement

The Patient Experience and Involvement Team attended many events and groups and aims to reach into existing areas of wellbeing including the ethnic minority events and groups. We responded to a specific request for Brain Health sessions for an ethnic minority women's only group.

Ensuring we are including a diversity of voices and reaching all in the community is the bedrock to all engagement. We go to where people are at instead of creating new groups or relying on surveys.





**VISIT YOUR LOCAL DEMENTIA HUB
EWCH I'CH HWB DEMENTIA LEOL**

Concerns about your memory? Are you living with, or caring for someone with dementia?

The Dementia Hub is a space to access information, advice and support for people living with dementia.

Pryderon am eich cof? Ydych chi'n byw gyda neu'n gofalu am rywun â dementia?

Mae'r Hwb Dementia yn ofod i gael gafael ar wybodaeth, cyngor a chefnogaeth i bobl sy'n byw gyda dementia.

TO FIND A HUB IN YOUR AREA
SCAN THE QR CODE
I DDOD O HYD I HWB
YN EICH ARDAL SGANIWCH
Y COD QR



For more information please contact
gwentregionalpartnershipboard@torfaen.gov.uk
01495 761891

Dementia Hubs were implemented in each local authority across Gwent.

These spaces allow professionals, volunteers and community members to access information, advice and support for people concerned about their memory, living with dementia or caring for someone with dementia.

Partners from across **27 organisations and visitors** have supported the spaces.

679 people were supported between December 2024 and March 2025.

"I wanted to come back into the dementia hub and say thank you for all the information you gave me. I have passed this onto my Nan who wanted me to thank you too, she was very grateful" – Citizen

"The dementia hubs were a lifeline to our family." –

Citizen

107/155

Dementia Action Week Dementia Action Week 19 – 23 May 2025

Dementia Wards Aneurin Bevan

- Annwylfan are holding an afternoon tea garden party with the opening of their new garden.
- Sycamore Ward have arranged for a singers and multiple activities going on throughout the week.

Opal Team held information sessions for staff, visitors and patients.

Lunch time sessions were held to focus on hydration- sessions on different wards providing water-based fruits, drinks and focusing on the importance of hydration with Dementia.

Our **regional partners** joined with us, aiming to make 7000 Dementia Friends – that's 1000 a day! running virtual information sessions every weekday

Join us for the "Let's Talk Brain Health" information session designed to help you optimise your cognitive well-being. This session will cover a range of topics, including:

- **Understanding Dementia:** Learn about the different types of dementia and understand how they affect individuals differently.
- **Risk Factors:** Discover the 14 risk factors for dementia.
- **Reducing Risk:** Explore ways to reduce your risk of dementia, and taking control of your brain health.
- **Memory Assessment Services:** Get information about the pathway for dementia diagnosis and support.
- **Dementia Hubs:** Learn about the dementia hubs located in each local authority area, which provide information and support for people living with dementia, their families, and carers.

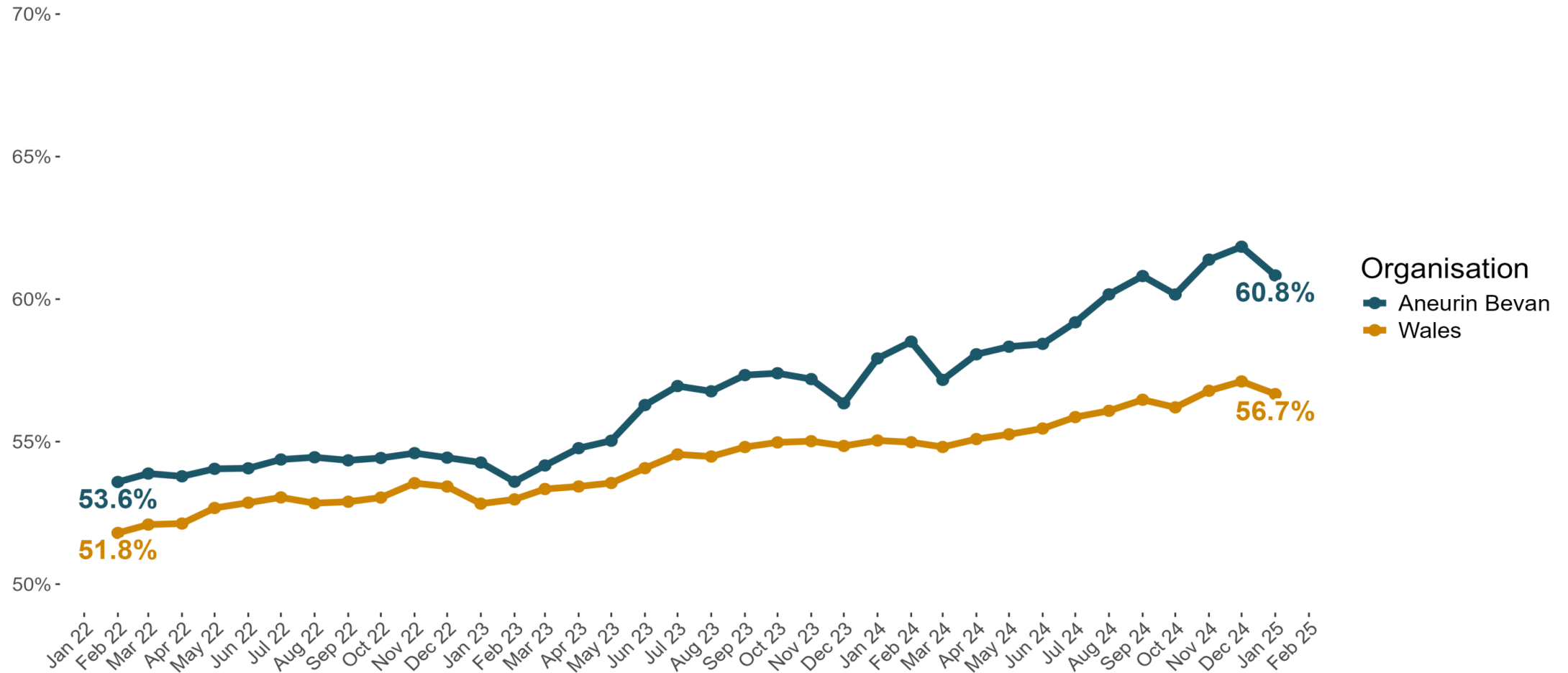
Workstream 2(a)

Memory Assessment Service Pathway

- The aim of **Workstream 2(a)** is to ensure the development and creation of a seamless **and robust pathway** for people assessed and diagnosed with Dementia, their carers and others engaged with people living with Dementia.
- **10 Data Measurement Sets** have been agreed nationally and regionally and are being recorded to support impact and benchmarking of services.
- **Review of MAS Clinic** schedules across all seven clinics to ensure a consistent approach and the optimum number of prescreen/diagnostic and nurse led clinic appointments available.
- MAS **Website** developed including all contact details, services offered, directions and all relevant service leaflets attached.
- **Ideas Alliance work** continuing within the MH&LD Division. This is linked to Dementia Connector roles.
- **Operational and Strategic MAS Workstream** meetings have been combined. Terms of reference and membership have been refreshed.
- Development of a generic MAS **leaflet** to be given at first appointment – ‘What Happens Next’. This is an orientation leaflet to allow patients and carers to understand the pathway they will be following.
- WCCIS data reviews - MAS Waiting List WCCIS cleansing work continues to highlight long waiters and issues relating to current low compliance with WG targets.
- **MAS information Video** [MAS video.mp4](#)

Estimated Dementia Diagnosis Rates, Aneurin Bevan Health Board

In 2024 **Memory Assessment Services** across ABUHB delivered **20,629** appointments, this is an increase of **2,317**. There have been further additions to the pathway for support following diagnosis as well as identification and recognition of dementia. Currently above Wales average.



Rates are not directly comparable with StatsWales or NHS Digital outputs! DRAFT - NOT FOR SHARING

Workstream 2(b)

Carers Education and Support

Workstream 2(b) aims to ensure that people living with dementia, carers and families are offered learning, education and skills training. This offer will be 'stage of condition' appropriate and will be provided at significant points of a person's journey.

- The **MEC** (Mapping, Education and Carers) team, , have developed a Gwent wide **Carers Information Course** that now runs in six-week blocks in all five Gwent region boroughs.
- Carers are also offered **Positive Approaches to Care** training, which is a person-centred approach and intervention in dementia care.
- A **resource pack** for Carers has been developed and is in use. This is in both paper and digital formats.
- The team are currently developing a **Padlet** for Carers to access a wide variety of up-to-date information.
- **DAVID**, Details and Vital Information Document Pilot. A Carer Booklet has been for emergency situations to inform emergency services and other relevant agencies of the needs of carers.–
- **National Exercise Referral Scheme** across Monmouthshire continues to run with input from MECS who facilitate Carer Information Sessions.
- **Courses** are also working in conjunction with CST groups in Torfaen with the hopes of expanding this across Gwent.
- **Carers Courses** will soon join with Sporting Memories (Newport Dragons).



FREE INFORMATION COURSE

Do you know someone living with Dementia?

Would you like to learn more

- WHAT IS DEMENTIA
- BRAIN CHANGES & EFFECTS IT MAY HAVE ON THE INDIVIDUAL
- LEGAL MATTERS/LASTING POWER OF ATTORNEY/MAKING A WILL
- ADVANCE CARE PLANNING
- HEALTHY LIFESTYLE
- LIVING WELL & SAFELY AT HOME
- FINANCIAL ENTITLEMENTS
- IMPORTANCE OF PHYSICAL HEALTH

AND MUCH MORE ADVICE & SUPPORT

A **FREE** information course facilitated by NHS professionals specialising in dementia care, with guest speakers from within the NHS, Emergency Services, Social Care and Third Party organisations.

Local venues, Face-to-Face Courses and Online Out-of-Hours Courses are available.

Please call the MEC3 Team on 01495 768637 or email abb.comh@dementia.services@wales.nhs.uk for information for your local area Or alternatively talk to a health or social care professional for a referral

Workstream 3

Dementia Advisors

Dementia Advisors

Dementia Advisors are attached to each of the Memory Clinics across Gwent and anyone diagnosed with dementia is referred to the service which supports people as required from diagnosis to end of life.



in 2025 Welsh Government allocated 100k to each Health Board to increase dementia advisor provision. This **funding is reoccurring** and has provided additional resources to the roles in Gwent.

The Alzheimer's Society are currently commissioned to provide this service and the additional resources have supported waiting lists which are in place across Gwent.

Dementia advisors are also based at each **dementia hub** in the five local authority areas. This provides additional Information and Advice to people in the community every day of the week between the hours of 11- 3pm.

Although this is a strong offer, the rise in diagnostic rates will mean a shortfall in demand. Further resources will be required.

Workstream 4

Dementia Friendly Hospital Charter

The **Hospital Charter** aims to improve the experience of people living with dementia when they are in hospital. This experience must recognise an individual's personhood, diversity and preferences, shaped by recognising the importance of dignity, respect and kindness.

Since the launch of the Standards and the Dementia Friendly Hospital Charter in 2022, much has been done across Aneurin Bevan University Health Board to improve peoples lived experiences when they are in **hospital**, including better support for, and inclusion of carers.

A 3-year action plan will now prioritise the workplan for 2025 – 2028.

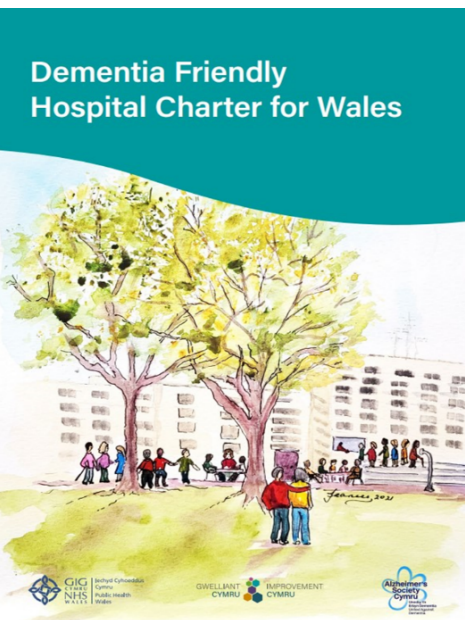
Wards have proactively engaged in Ward Improvement Plans to help improve **patient experience** in their areas.

Professional case discussions and the visibility of the Patient Experience and Involvement Team at ward level are having a very positive impact.

Staff feedback suggests that having the dedicated dementia intranet pages and access to **expert advice** through the dedicated e-mail address has significantly helped.

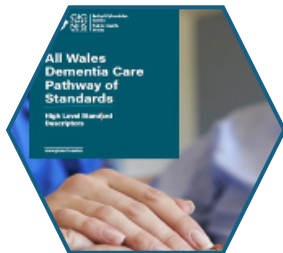
Alignment with other priority workstreams such as, **deconditioning**, nutrition & hydration, **discharge** groups help ensure dementia is a consideration in all areas of care.

What follows are examples of the initiatives that are having positive impacts on patient care, carer and staff experience. Many of these initiatives have been informed by feedback.



Snapshot of priorities from the 3- year dementia hospital plan.

All Wales Dementia Standards



Dementia Friendly Environments



Learning and Development



Dementia Friendly Hospital Charter



Dementia Volunteer Companions



Raising awareness/ prevention.



Meaningful Engagement



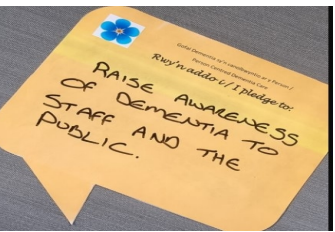
Person Centred Care, Getting to know me!

MY NURSE TODAY IS:		MY PREFERRED NAME IS:	
LANGUAGE	<input type="checkbox"/> English <input type="checkbox"/> Welsh <input type="checkbox"/> British Sign Language	Other:	
COMMUNICATION	<input type="checkbox"/> Independent <input type="checkbox"/> Hearing aids <input type="checkbox"/> Lip reading <input type="checkbox"/> Spectacles <input type="checkbox"/> Interpreter required	Other:	
DIET	Menu: <input type="checkbox"/> High energy snacks <input type="checkbox"/> No oral diet Food allergies:	<input type="checkbox"/> Independent <input type="checkbox"/> Assistance needed <input type="checkbox"/> Full assistance <input type="checkbox"/> Dentures	
FLUIDS	Level 1 Level 2 Level 3 Level 4 Fluid restriction: _____ ml No oral fluids	Preferred drink: <input type="checkbox"/> Tea <input type="checkbox"/> Coffee <input type="checkbox"/> Sugar <input type="checkbox"/> Sweetener <input type="checkbox"/> Milk <input type="checkbox"/> Squash	
MOBILITY	<input type="checkbox"/> Independent <input type="checkbox"/> Assistance Other:	<input type="checkbox"/> Supervision <input type="checkbox"/> Falls risk	
OTHER CLINICAL CONSIDERATIONS: Include relevant PSAG symbols here			
WHAT IS IMPORTANT TO ME			
MESSAGES			

Patient / Carer Feedback

Using feedback to learn and improve care

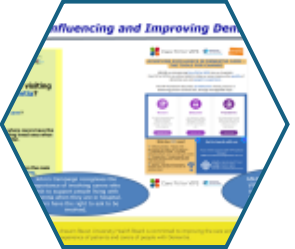
Dementia Champions



Carers support, John's Campaign



VIPS ward Improvement Plan



Person Centred Meaningful Activities and Engagement

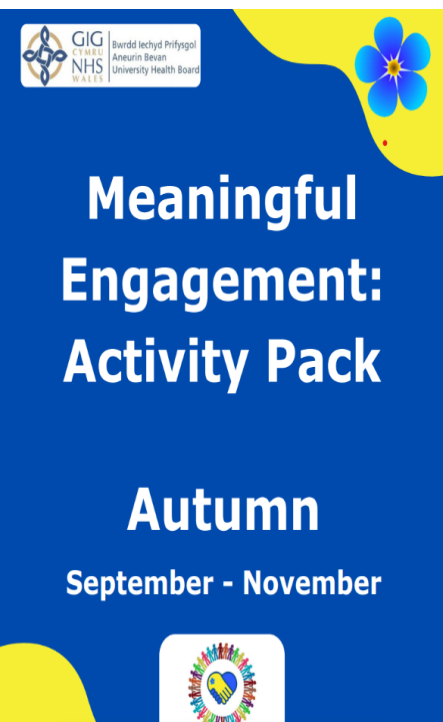
There is clear **research evidence** to show that engaging people in meaningful activity and engagement has significant benefits both to physical and psychological recovery.

A **successful 1st Phase** of this programme has been in place in the General hospitals and evaluated to have a positive impact on patient experience of care.

Phase 2, aims to embed a multi-disciplinary person-centred dementia approach to care in the community. **NHS Charities Together** have supported this programme by granting the funding to deliver this programme.

We aim to develop and **rollout** a meaningful activity strategy to a range of care homes in Gwent, HMP Usk, the hospital wards within ABUHB, informed by the needs of people living with dementia and their carers across the area, with a suite of meaningful activity resources and learning opportunities. It will be supported by a **practitioner's forum** to support staff, volunteers and carers gain skills, knowledge and confidence to deliver non-pharmacological interventions and embed **person-centred** meaningful activity.





- The PE&I Team have created **Themed Activity Packs** to distribute to all divisions – Ward Activity Coordinators, Volunteers, MAS clinics, Care Homes etc
- The packs include a printed suggestion of themed activities, which will include a 'what you will need' to complete the activity – incorporating the **resources** delivered by PE&I Team.
- Following printing the team will be distributing them in a brown paper envelope that includes the ME logo and an image of the Theme i.e. – Back to School, Christmas, Summer Fun etc approximately every 3 months
- The packs would encourage the implementation of **Meaningful Activities** in all areas, by all members of staff, as well as the use of the resources provided by PE&I team as part of the Meaningful Engagement Programme and ensuring Meaningful Engagement remains relevant and on all divisions agendas.
- The packs will include easy **step by step** suggestions to conduct the activities.

The Patient Experience and Involvement team are working in partnership to promote the benefits of Meaningful Engagement

Meaningful Engagement promotes person centred care, valuing people and ensuring they feel listened to, included and understood.

Meaningful Engagement :

- Offers structure and purpose to a person's day.
- Reduces stress, frustration and boredom.
- Increases peoples' social interactions,
- Relieves anxiety
- Improves overall physical and emotional wellbeing.

Learning as much as you can about the person living with Dementia and working with **carers and relatives** can help you better understand and tailor activities and engagements to the person, and what matters to them.

Scan here for ABUHB Dementia Page

ABUHB Activity Co-ordinators

Meaningful Activities Feedback

This is an outstanding service, providing activities and company for patients whilst having fun.

Cannot thank you enough for your help with my mother. It has been a great help to her demeanor. Thank you.



Through the development Meaningful Engagement with people living with Dementia, the role of the **Activity Co-ordinator** has been development and recruitment for this role is taking place in each Division. There is now a **Task and Finish** Group to develop the role further and provide structure and support for those staff in post.

The role of the Activity Coordinators is to provide meaningful engagement, emotional, physical and mental support and **stimulation**.

Meaningful Activities Feedback

Paula is doing an amazing job getting patients involved with the activities.

Patients are interacting with each other, singing and appear calmer.

Patients look forward to spending time in the activity corner. One lady called it her happy place.



Progress so far:

- 10 Activity Coordinators currently in post
- Task and Finish Group established with representation from all divisions
- Peer Support group for Activity Coordinators in place
- Support from The Patient Experience and Involvement Team – Regional Meaningful Engagement Dementia Activity Coordinator has worked closely with each Activity Coordinator
- Induction and framework to be developed
- Standardised uniform introduced

Dementia Champions

We developed and implemented a **Dementia Champions Campaign**

Raise awareness of the role

- Develop and **support** existing Dementia Champions
- Listen to their **feedback**
- **Recruit** new Dementia Champions
- Share the **resources** available to Dementia Champions
- Share the **Reflective Workbook**
- **Identify** those that wish to continue to be a Dementia Champion
- Update the Corporate **Register** of Dementia Champions
- Provide the Dementia Champions with their ABUHB **Daisy Badge** and lanyard

I was asked to visit as the patient was very low, crying and feeling confused. I face videoed her daughter which made a massive difference as she felt cut off due to her daughter (her main carer) being poorly and unable to visit.

(Dementia Companion)



The poster features a yellow background with several blue hearts scattered around the text. In the center is a blue five-petaled flower with a yellow center. The text is in blue and white, with some words in bold. At the bottom left, there are logos for GIG CYMRU NHS WALES and Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board. At the bottom right, there is contact information.

Dementia Champion's Month February 2024

We want to meet you!
To Thank you for all you do, hear your experiences and shape how we can better support you in your role.
Shaping, Influencing and Improving Dementia Care

Contact us at: ABB.PCCTDementia@wales.nhs.uk

We know have **186 Dementia Champions** from all over ABUHB.

Two **videos** have been developed to showcase the role of Dementia Champions .

These videos are now part of the **training to recruit** new Dementia Champions and build our network of staff and partnerships both internally and externally.

A **"Whatsapp" group** is being established with Information governance support.

Intergenerational Practice

We are proactively developing meaningful intergenerational activities programmes in partnership with schools, colleges, wards and care homes. We know this **approach supports**:

- Reduction in loneliness/isolation
- Reduction in behaviours that are distressing
- Increased creativity/ mobility
- Increased knowledge about person-centred dementia care
- Reduction in falls
- Positive experience for patient and staff feedback.

We have commenced linking the **16 care homes** in the Meaningful Engagement programme to the intergenerational programme with the aim of increasing the relationship between these areas and supporting with learning from schools, hospitals and care homes who already participate in the scheme.

In collaboration with ABUHB, YYFM radio production and Hengoed Primary School and Singing for the Brain in Caerphilly the children worked together with people with dementia on recording a wonderful story, play and learning about each other along the way.



Workstream 5(a)

Learning and Development

At the heart of the **Dementia GoodWork Learning and Development Framework** is what matters to people living with dementia, and aims to empower patients, carers and health and social care staff to ensure dementia care is person centred.

What we achieved during 2024 -2025:

Over the past year we have we have developed the ABUHB Learning and Development GoodWork Framework Strategy Plan that is linked directly to the **Dementia Action Plan for Wales** and regional dementia action plan to enable all workforces to engage and achieve the associated aspirations goals and plans.

A series of **learning** provided by specialists in areas of practice as well as Staff Induction sessions, meaningful engagement and external learning opportunities have been secured and shared with all ABUHB and Regional **multi agency services workforce, Nursing and Residential Care homes and prison care units** within the 5 boroughs.

Although much has been achieved this year and there are clear priorities identified in the workstream 5 action plan the delivery of the learning will be a major challenge. The achievement of securing a **practice educator** from the NHS together charity for the period of 18 months will end on October 1st. There is no further funding identified to allow for continuation of this level of learning opportunities and therefore no room for growth to meet demands.

A **Padlet** for information, resources, signposting to agencies, departments and services which can help support someone with dementia, tier carer and the workforce. The padlet is **available in Welsh** and is linked to the intranet and internet to help access timely , up to date help.

Elisa Jones + 1 • 10d

Meaningful Engagement

If you require any further information or access to any of the documents contained within the Padlet, in a different format, please contact abb.pcctdementia@wales.nhs.uk

Useful Resources

CARIAD leaflet amended 23.7.25

Events

you,

The Alzheimer's Society understands all aspects of dementia and can offer a range of support to carers and those diagnosed with dementia.

From listening on the phone to a face-to-face visit we can provide information, support and advice. Including:

- Coping strategies and techniques

PPTX

Dementia Support Gwent flyer ENGLISH

dementiasupportgwent@alzheimer.org.uk

Meaningful Engagement

Learning as much as you can about the person living with Dementia and working with carers and relatives can help you better understand and tailor activities and engagements to the person, and what matters to them.

Meaningful Engagement:

- Offers structure and purpose to a person's day
- Reduces stress, frustration and boredom
- Increases peoples' social interactions,
- Relieves anxiety
- Improves overall physical and emotional wellbeing.

Training

to book your space, please use our dedicated email address: ABB.PCCTDementia@wales.nhs.uk

Pinned

Dementia and Meaningful Engagement

Location	Date	Time	Facilitator	Cost
...
...
...
...

Name of Training	ABUHB Regular Staff	ABUHB Bank staff	Care Home staff	Volunteers	Other	Total
Online Meaningful Engagement Training	45	0	20	7	15	87
Face to Face Meaningful Engagement Training 6hrs	152	2	308	34	22	518
Face to Face Meaningful Engagement Training 2hrs	8	0	0	0	0	8
Face to Face Meaningful Engagement Training 1hrs	68	0	0	0	68	136
Dementia Bite size Dental and Oral Care	3	8	7	1	1	20
Dementia Bite size Nutrition and Hydration	42	12	14	1	2	71
Dementia Bite size Mental Capacity	18	0	1	4	1	24
Dementia Bite size Pain	26	7	0	5	1	39
Dementia Bite size Contenance	9	1	0	0	2	12
Dementia Bite size Assistive Technology	11	8	1	6	4	30
Dementia Bite size RITA	14	0	3	2	3	22
Dementia Bite size Digital Tools	2	0	0	0	1	3
Brain Health	3	1	0	2	0	6
DOLS	8	0	0	0	2	10
Experiential Training	15	0	0	1	7	23
Workshops	84	0	0	0	0	84
Activity Co-ordinators 2hr	6	0	0	0	0	6
A and E sessions	32	0	0	0	0	32
JOE	190	0	0	0	0	190
Acute care induction	99	0	0	0	0	99
HCSW Induction	27	0	0	0	0	27
Overseas Induction	45	0	0	0	0	45
Dementia Experience	23	0	0	0	0	23
GP Practice	37	0	0	0	0	37
RCN Cadets	4	0	0	0	0	4
22/29 Total	971	39	354	63	129	1556

YOU ASKED AND WE LISTENED



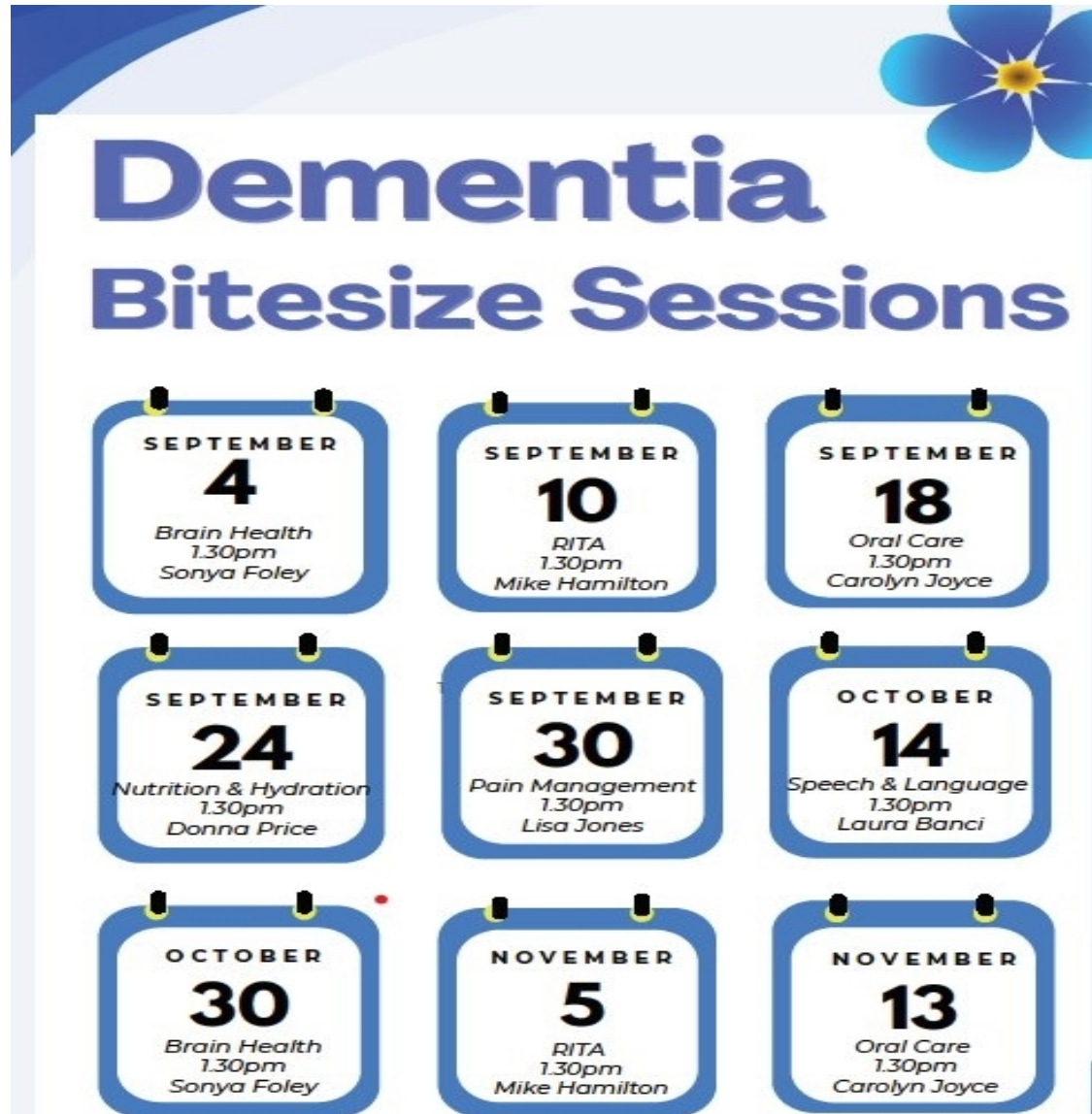
YOU SAID

- You asked for simulation and a Dementia Experience
- You asked for more activity ideas
- You asked for Group tasks
- You asked for the Bite-Size courses
- You asked for more information on communication
- You asked for information on MCA and DOLS
- You asked for access to Support Services
- You asked for visual aids to assist with Meaningful Engagement
- More on Delirium

WE DID

- We created an Experiential day facilitated by experts
- Further activity ideas were included in the training
- A group task has been added to the training
- We are in the process of arranging this with the facilitators
- We have added “what not to say” and tips for communicating
- This is included in the training along with “consent”
- This is included on our Padlet which is accessible via a QR code
- We have included information on the RITA and Happiness programme
- Delirium is included in the presentation

Learning in response to feedback.



- Speciality Multi- disciplinary team facilitators deliver sessions
- Video recording to support accessibility, part time, night and bank staff.
- Additional sessions developed in response to feedback and needs Future Care Planning and speech and language.

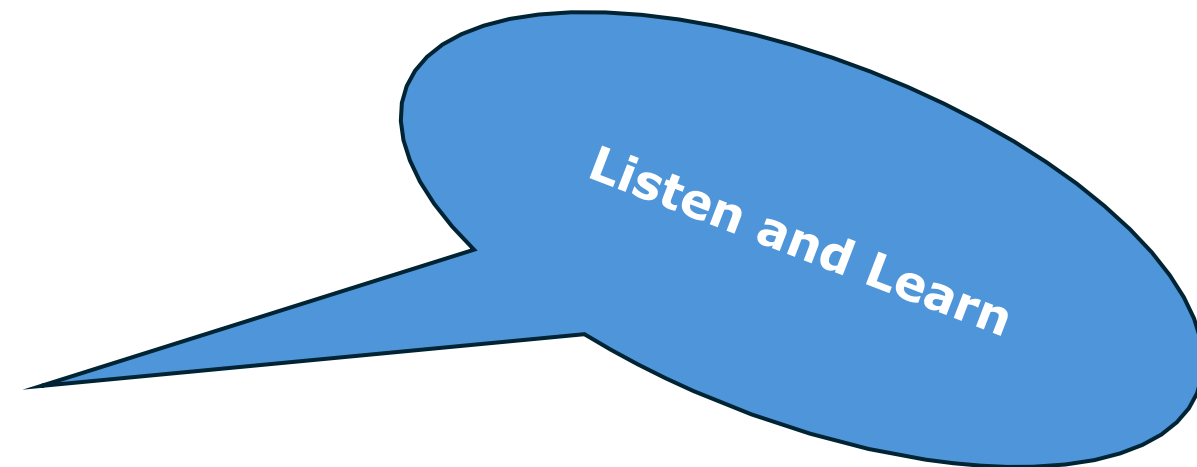
Dementia Experiential learning Day

- Development of a Dementia Experience Learning day.
- Secured funding from regional Workforce Group to help purchase a variety of learning aids to assist the plan of learning.
- The day will be delivered by specialist clinicians, audiology, pain management, optometry, Older adult Mental Health and patient experience and involvement dementia specialist practitioner.
- A pilot of this day was delivered to 10 activity coordinators from the general hospital wards in ABUHB with positive outcomes.
- 3 further dates have been agreed throughout 2025, multi-agency and multidisciplinary attendance.
- A bespoke session was created for the Older People's Commissioner to attend with other senior staff in health and local authorities.
- Evaluation will take place in November 2025.



Staff, Carer and Patient Learning

We have listened to **people's experiences** of dementia care, developed patient and carer stories/films and have used these to improve learning and service delivery.



Civic feedback evidenced a theme on wards in GUH where activity, isolation and boredom was an issue for people with dementia. The team were able to work with the ward, identify a plan and offer training and resources to improve this area of identified need.

Consent raised by in carer about his wife about inpatient care. He videoed his experience which we now use with the Hospital training for dementia.

Lady visited the Community Dementia Hub. Requested information about her relative on the inpatient ward. Staff were able to communicate with the ward team. Facilitate additional support, improving communication and additional resources. Improving the patient and carer experience of care.

Workstream 5(b) Monitoring

- The focus is on impact and demonstrating how we are making a difference – the '**So What**' question.
- Locally, we are supporting our workstream leads to identify what **data** we already collect and where there are gaps. We have also connected with performance and measurement leads within quality assurance departments, Local authority, ABUHB and our Dementia Friendly communities, to collaborate on this work.
- The Regional Dementia Board through RIF, have been successful in securing funding for a **Programme Manager**. The programme manager reports 6 monthly to the All-Wales Dementia pathways of care groups through Improvement Cymru as well as to the Gwent regional Dementia Board.
- A 6 monthly learning and development progress **report** is sent to Welsh Government, Public Health Wales for national bench marking and managed by the Workstream 5a workstream
- The **National Audit For Dementia** is supported at Executive level and monitors the Improvements of Dementia Care in ABUHB Hospitals and is supported through Workstream 4- Dementia Friendly Hospital Charter.
- ABUHB has an annual reporting process of Dementia which is supported from the **Regional Dementia Board** and the workstream 4 group.
- **Patient, carer and staff experience** is monitored through the Patient Experience and Involvement Team and reported on annually.

Priorities and Actions 2025-2026.

The Regional Dementia Strategic Group reviews progress of all Workstreams at each bi-monthly meeting. The identified risks have informed the priorities and mitigating actions for the next year.

- **Workforce capacity** to deliver dementia learning.
- **Short term funding**, unsustainable action plans.
- Reduce **service variation** across all sectors.
- Developing an improved **pathway of transition** to and from hospital through WAST- Welsh Ambulance Workstream
- Competing **demands** of acute care. Identify senior commitment to plan.
- Identifying people with dementia using a Clinical Workstation- **Alert Code 136**
- **Discharge** patient flow priorities- reducing ward moves and improving discharge.
- Participating in the **research and improvement** for Dementia Care.
- Review **National Dementia Audit** and Health Board measures, using findings to improve care.
- Secure resources to continue with the **Meaningful Engagement Programme** and Activity Coordinator Roles
- Continued **community engagement** and recruit more Community Listeners.
- Improve dementia care in **HMP prisons**
- Provision of **Dementia Hubs**, in the community and in hospital
- Achieve **Cultural Competence Accreditation** and embed throughout the dementia work programmes.
- Continue to review progress and risks associated with each of the **workstreams** and will report emerging risks

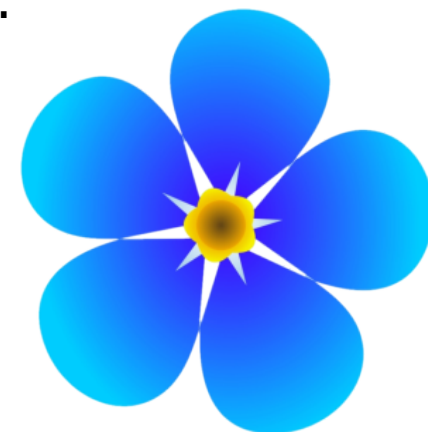
Conclusion

The Regional Dementia Strategic Partnership group has established **Workstreams** that support implementation of the of the DAP and the All-Wales Dementia Standards of Care.

This 2024- 2025 Annual Report outlines the developments and actions which has been undertaken during this time as well as the aims and objectives set for the coming years. The programmes of improvements are **person centred** and delivered through a co-production, collaborative model. People's feedback is important in order that we ensure that **what matters** to people is used to help **influence, inform and shape** dementia care across the region. Actions taken as a partnership thus far will support the implementation of the Standards during the coming year.

As a Regional Dementia Strategic Group, we are committed to focusing on **listening** to our **communities** with an emphasis on diversity and inclusion, using people's feedback to improve the lived experience. This will be embedded throughout our Workstream Programs.

There will be ongoing review of progress to date and will set its priorities for 2025-2026 aligning with the identified improvements in care and funding/ commissioning of resources.





All Wales Dementia Care Pathway of Standards

High Level Standard
Descriptors

www.phw.nhs.wales



Llywodraeth Cymru
Welsh Government

All Wales Dementia Care Pathway of Standards

The standards for dementia care have been scoped over the past two years with over 1800 people ranging from people living with dementia to voluntary sector organisations to practitioners across Wales and the UK.

This work has been led by Improvement Cymru as part of the Dementia Care Programme and directed by the requirements of the Dementia Action Plan for Wales, overseen by the Welsh Government Dementia Oversight Implementation and Impact Group (DOIG).

There are twenty standards narrowed down from over one hundred potential standards and they drill down to the detail of what people believe will make a positive difference to dementia care in Wales. They are designed to be dynamic and by responding to evaluation and supporting evidence, standards can be added or subtracted. The twenty standards sit within four themes:

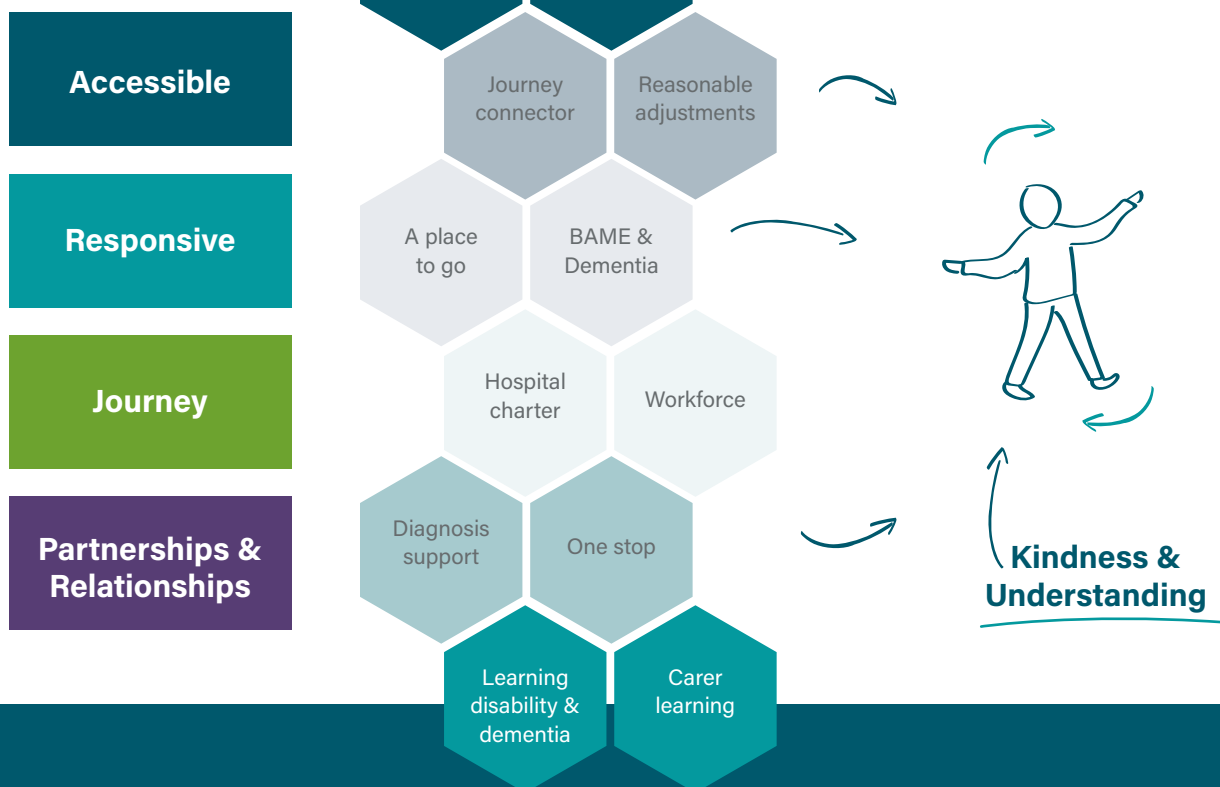
Accessible, Responsive, Journey, Partnerships & Relationships underpinned by **Kindness & Understanding**

The standards have been developed using the Improvement Cymru Delivery Framework. Part of this work has involved developing a two year Delivery Framework for the regions across Wales to cover the period 2021 – 2023.

This Delivery Framework will assist the regions in adopting and implementing the standards by offering support and assistance in year one to undertake engagement, coproduction, scoping, readiness and self-assessment. Year two will focus on implementing the standards into practice.



4 Themes 20 standards wrapped around the person



Introduction to the standard descriptors

- The standards have been prioritised from over 100 that could have been developed to the 20 described here
- The standards are dynamic, not static, meaning the set of standards will be evolving, when each standard is achieved across Wales it can be replaced with a new one. This means following a robust review standards can be added and subtracted
- There is a brief rationale provided to support understanding the context and evidence for each standard
- Each standard applies to all people being assessed, diagnosed and living with dementia and their carers recognising dementia as a vulnerable group, together with individuals with special characteristics such as Learning Disability, Black Asian and Minority Ethnic groups
- Regions should consider the standards in their entirety as they align with each other
- Identifying the high level responsibility for delivery will be included against the standards, however the key message is one of promoting partnership between agencies and stakeholders to drive the standards forward. At local level the Regional Partnership Board (RPB) and Dementia Forum will decide what agencies have responsibility against the standards and what that responsibility entails e.g. what actions. However, the overriding approach is one of multi-agency responsibility
- Reporting and measurement requirements align to a range of existing audit and reporting streams such as the Royal College of Psychiatrists and Health Care Standards with additional measurement definitions developed as necessary. Reporting and measurement will commence during the implementation phase and will be the responsibility of the RPB and the dementia forum
- Standards support the Dementia Action Plan (DAP) by focusing on a defined set of interventions determined to improve dementia care and will take the DAP core items forward over the next two to three years. This will assist in laying the foundation of what the DAP will look like for the next 5 years and beyond

Accessible

01.

Phase One: This standard is about community engagement using one locality within a region working in partnership, taking 6-12 months to engage with that community to learn, evidence, and analyse what people and agencies have identified it needs e.g. Identify 'what dementia care and intervention looks like around here.' This will produce a vision and growth (delivery) plan. **Due to COVID19 there will have to be a strong emphasis on all means of contact type and service provision that will follow the national guidance.

Phase Two - Year two onwards: support and assistance will be provided as part of the two year delivery framework. Each region will focus on implementing the agreed vision and growth (delivery) plan in year two, with a focus on measurement and assurance.

The focus for this standard emphasises the phase one component:

- **Identify one community in a region** e.g. Cwmbran, Carmarthen. Working in partnership demonstrating real engagement and coproduction to develop a plan for what dementia care means to that community – what it looks like – create a community vision that includes meeting places, centres or hubs. Coproduction will be robust, meaningful, evidenced and this will be demonstrated throughout the initiative. Taking this time to engage will ensure that the planning will fit with the community's needs
- A physical place for connection may be provided or it may not – this standard is about what the community states they need
- This meeting place, centre or hub will be accessible and offer a safe, friendly environment for people to go to and start a conversation about their cognitive health. This conversation may be about being forgetful, feeling lonely, feeling down, isolated, struggling with everyday living and stressors or could be a place for people with dementia, their carers and families who may be struggling day to day to access the right care and support. It will offer a place to connect with people, the community and services, to assist with maintaining and maximising skills to enable people to live with dementia
- This meeting place, centre or hub includes digital / telephone connection and access to offer information, support, advocacy, peer support, social and physical health interventions and assistance for people living with cognitive health difficulties including dementia as a point of access and intervention.

**The resulting vision and implementation plan forms part of phase two for this standard

Brief Rationale

Through coproduction regions can be informed by intelligence from its users to improve the quality of services, better design services and pathways based on users' experiences and expertise.

Throughout the consultation people told us that they didn't know where to go when they started to struggle with their cognitive health. People told us that they were not ready to have a formal conversation with their GP when they first started to have cognitive difficulties. Community cognitive health centres will support a safe place and the first step to start the conversation about cognitive health difficulties.

Accessible integrated community cognitive health centres will provide a dual function in supporting individual care services for people experiencing cognitive health difficulties along with providing active health promotion services to improve the population health within the community. This standard aligns to all other standards within this pathway in creating 'how dementia care looks around here'

02.

Services at the points of contact will provide reasonable adjustments to care that is meeting the person's needs and personal preferences. This will include all people that access community and inpatient services, recognising that people with dementia are a vulnerable group.

- Reasonable adjustments include: translating information so that it's easily understandable, adapting appointment times and venues to enable access and engagement, ensuring Did Not Attend (DNA) is not because people cannot process and act on information provided.
- Recognising that there is a need to have accurate data about who this population is in each region will evidence a progressive action plan to work towards making reasonable adjustments for all people living with a dementia (connects with standard one, three, and eleven).

Brief Rationale

The Equality Act 2010 outlines that a person has a disability if the person has a physical or mental impairment and the impairment has a substantial and long-term adverse effect on the person's ability to carry out normal day-to-day activities. This Act recognises dementia as a disability under these terms and therefore, reasonable adjustments need to be made for all people who are living with dementia based on their individual needs.

Person-centred reasonable adjustments will support the person to live well by maximising their independence and ability to participate in their communities.

Article 5 of the Human Rights Act (1997) notes the importance of making sure that the most and least vulnerable people in our care are treated equally and that reasonable adjustments are made to ensure that all people can make informed decisions. This may include ensuring appropriate use of advocacy, ensuring the voice of the person is heard and appropriately responded to. For people subjected to Deprivation of Liberties Act safeguards, family and significant others (where appropriate) are informed.

This standard looks at the macro and micro level – how the care system responds to reasonable adjustments for all vulnerable groups, individualised approaches to support person-centred care and connects with standard one, asking do we have a robust implementation plan, a work stream for accessible information across all settings and a community.

03.

- Memory Assessment Services (MAS) and Primary Care (GP) will adopt the READ Codes (coded clinical terminology thesaurus) to capture diagnosis of dementia and mild cognitive impairment and work together to promote early intervention and support (connects with standard one)
- Those diagnosed with dementia within settings outside of MAS (including primary care, community resource teams, psychiatric liaison and neurology) will provide the GP and MAS the specific READ Code within two weeks of a diagnosis
- MAS will evidence activity using the agreed data collection tool
- Regions will evidence increasing diagnostic rates by undertaking improvement cycles supported by the Increasing Diagnostic Rates resources when completed

Brief Rationale

Assurance is needed to ensure equity of service access and provision across Wales, no matter where a person is diagnosed, or what type of dementia diagnosis is given. MAS and primary care have access to the oversight of the diagnostic profile in their area. The mechanism to achieve standard three will be agreed locally as this will encourage partnership working to ensure that MAS and primary care are offering a partnership approach to all people and their carers, families with a diagnosis. Partnership arrangements will ensure that those only being seen by a GP will still be offered:

- Dementia coordinators or support workers
- Post diagnostic support, where necessary and signposting to post diagnostic support (cognitive centres could offer this intervention)

Wales can expect:

- an increase in the proportion of people with dementia receiving a formal diagnosis
- an increase in the proportion of people with dementia receiving a diagnosis when they are in the early stages of the illness
- an increase in the number of patients and carers who receive a positive experience of receiving cognitive health services
- reduced risk of crises later in the course of the illness.

The calculation of the estimated dementia diagnosis rate is described by StatsWales. Improvement Cymru and the National Wales Informatics Service(NWIS) are working jointly to develop the availability of monthly data as part of the MAS work stream and will also explore the breakdown of data e.g age range.

As part of the MAS work stream we are scoping the development of a dashboard that provides monthly updates on the estimated dementia diagnosis rate using GP registered populations to produce the denominator. This is further outlined in standard twenty and will be useful for supporting improvement in a more timely fashion.

04.

Learning Disability (LD) services will define a process to capture the total population of people living with a learning disability and specifically Down Syndrome to offer a cognitive wellbeing check. This will include people known to all services including health, social and primary care services that include the GP and MAS. Learning Disability services are joined into the regional dementia care planning initiatives.

- Phase one: concentrate on Down Syndrome as the highest risk group
- Phase two: the wider population and those identified as at risk

Brief Rationale

People living with Down Syndrome are a high risk to develop dementia. It is widely recognised that early identification of symptoms that may indicate the onset of dementia, will enable the person to access an early diagnosis and thus, appropriate advice and support which will enable the person to live with dementia

Phase one:

- There will be an offer of a cognitive health wellbeing check at 30 years to ascertain a baseline assessment.
- A cognitive health wellbeing check will be offered to all people with Down Syndrome aged 40 years

This check will be provided by LD health services working with primary care, LD liaison and MAS in a joined up approach.

There are examples where a triangulation of data from primary care, LD health service and social care has taken place with good results in identifying people that potentially can have a cognitive wellbeing discussion. This improvement cycle will be used to scale and spread across regions.

This standard will support further work in identifying and reaching other populations such as BAME.

Responsive

05.

Health and social care services should provide the outcomes of an agreed set of completed assessment and interventions (listed) when referring to MAS (where the presenting need is indicated). This will assist MAS when they undertake assessments and in providing diagnosis. This will also support the person to manage any identified daily living difficulties.

Brief Rationale

There will need to be a joining of information and services to respond to this standard as per standard one. If information is already available use it, (connect MAS to other systems) if people have not had eye tests for years, suggest it and this links with population cluster work regarding the primary care response to aging and higher risk groups in how to engage them, get the basic interventions done, look at how people can be supported to attend opticians, audiology and the dentist etc. It is a whole systems approach.

Agreed set of completed assessments and intervention:

- Basic physical health tests as a baseline: BP / weight / height / routine blood tests
- Audiology referral / assessment / use of current hearing test (current equals within past two years unless difficulties identified)
- Dentist referral/ assessment / use of current oral health check (current equals annual unless difficulties identified)
- Ophthalmology referral / assessment (sight test) / use of current test (current equals annual unless difficulties identified)
- Cognitive Screening – tools used by primary care for screening for cognitive health issues

Medical History:

- Social History – routine history as a baseline of social support and connections
- Scans – as appropriate as not all people will require a scan for cognitive health issues
- Activities of daily living profile – to gather a baseline of everyday activities that the person currently participates in, is able to do and or also finding difficult

This standard:

- Aids diagnosis in a timely manner
- Avoids diagnostic overshadowing - avoids unnecessary referrals to MAS for assessment of cognitive health as it will pick up underlying predominant physical health needs
- Provides baseline for a number of functions which is important to measure deteriorate against going forward.
- Defines partnership arrangements, expectations and support
- Supports structured referral
- Promotes access to online investigations
- Encourages prudent practices

Where GPs are unable to offer items, an exploration of the support required to achieve this standard will take place. Partnership and positive relationship working between MAS and GP practices maybe key to achieving integrated streamlined services which are both cost and clinically beneficial to all stakeholders.

The key to this standard will be to determine the process for completion and who is responsible for delivery, including the person and their carers. A region will need to scope this and test it as per the delivery framework. MAS assessing a person presenting with a complex picture, therefore, need as much information as possible.

06.

Memory Assessment Services, within a 12 week period from point of referral, will provide a range of interventions (listed) to support diagnosis. Digital platforms and other adaptations and approaches may need to be considered.

Brief Rationale

This standard:

- Aids diagnosis in a timely manner
- Avoids diagnostic overshadowing by ruling out any underlying predominant physical health needs
- Addresses any underlying senses difficulties
- Ensures support and advice around emotional and psychological adjustment to diagnosis for the persons, carer and family
- Ensures support and advice around managing cognitive impairment and the effect this has in managing everyday living activities, roles and relationships
- Ensures a key person supports the individual, their carer and family through uncertain times when exploring whether the person has a terminal condition
- Supports various options for people living with dementia: a telephone contact, the named clinic contact, 3rd sector coordinators

MAS within a twelve week period from point of referral will provide:

- Activities of Daily Living Functional Skills Assessment
- Cognitive assessments: ACE-111 and MoCA
- Scans i.e. CT, PET (as appropriate for those identified)
- Physical health review – using baseline information provided by primary care where appropriate as clinical need determines
- Assessment of carers needs and specific support related to adjusting to role and maintaining carers health and wellbeing
- Social history – including social isolation assessment and signposting, accommodation and financial
- Emotional support – during the assessment period and when providing a diagnosis provided by a practitioner or staff member that best knows the person, their carer and or family
- Pre diagnostic counselling offered
- Named contact: people receiving a cognitive health assessment will have a point of contact to discuss concerns, the process of assessment and potential outcomes throughout the assessment period
- Cognitive functional Interventions & Strategies – (delivered in the home environment or other settings as appropriate to support everyday functional difficulties resulting from the cognitive impairment difficulties)
- Senses assessments (using baseline assessment provided by primary care as these may not be needed to be repeated within this twelve week period)

Physical health review within MAS: The purpose of the delivery framework is for a region to determine what they have already in practice and what they need to meet the standard. There are opportunities to work in partnership across agencies to meet areas such as physical health and also identify a gap in skills.

Cognitive interventions, strategies and post diagnosis intervention. It is assumed that intervention is not needed before diagnosis, when we know that it is important to take every opportunity to engage the person in strategies that can help them throughout the assessment period. This may help address some of the immediate issues they are facing e.g. functioning.

07.



People will have access to a contact that can provide emotional support throughout the assessment period and over the next 48 hours after receiving a diagnosis and ensure following this period, it is offered as required.

Brief Rationale

During the consultation, we heard from people and their carers that they need support when going through the assessment period and when receiving a life changing, life limiting terminal diagnosis of dementia. Some of the experiences highlighted:

- Diagnosis can be given on a day when no core services are operating the following day
- Adjusting to this terminal diagnosis can potentially be devastating and traumatic to people and their families – appropriate support mechanisms need to be in place to support people through this period.

How we manage giving a life limiting diagnosis and the support that we give to help the person adjust to this, has been evidenced to show the impact on a person and their family's ability to make sense of what is happening and therefore, make appropriate lifestyle changes and plans for the future.

This standard offers the detail around the emotional support required during and post diagnosis and how we also manage giving a life limiting diagnosis to the person and their family.

08.



People living with Mild Cognitive Impairment (MCI) will be offered a choice of holistic services monitoring their physical, mental health and wellbeing, with reviews taking place as a minimum six monthly. This will include a range of options including peer support. Signposting and community resources should be at the centre of all intervention (connects to standard one and three).

Brief Rationale

Evidence suggests that 10-15% of people with a diagnosis of MCI develop dementia. Other studies have put this figure as low as 5-10% of people diagnosed with MCI will go on to develop dementia (Alzheimer's Research, January 2018).

For people diagnosed with MCI, early intervention approaches to monitor cognitive decline is important and advice around the six steps risk reduction messages will improve the understanding of health promotion and prevention activities to maximise their wellbeing.

There are a range of individual and group based physical activity interventions and opportunities within a community, that people can be signposted to or delivered by statutory and non-statutory services.

Journey & Navigation

09.

| Within 12 weeks of receiving a diagnosis, people living with dementia will be offered
+ education and information on the importance of physical health activities to support and
| promote health. (connects to standard one).

Brief Rationale

People told us that there is a lack of information about the importance of physical health promoting activities

There is an increasing evidence base to show that physical exercise interventions to improve strength, balance, mobility and endurance levels has a positive effect on preventing falls in older adults with cognitive impairment. Evidence also suggests that physical exercise experienced together can also have benefits for the person with dementia and their carer by maintaining and where able improving their physical, cognitive, social and emotional functioning, relationships and quality of life.

There are a range of individual and group based physical activity interventions and opportunities within a community that people can be signposted or delivered by statutory and non-statutory services.

MCI: A range of interventions and guidance for those diagnosed (with dementia and MCI) will be available as part of this standard and there will be access to interventions that are also tailored to meet the next steps for those diagnosed with MCI.



10.

People living with dementia, carers and families will be offered learning, education and skills training. This offer will be stage appropriate and will be provided at significant parts of a person's journey. It will include a range of peer support and shared experience opportunities, (connects to standard one).

Brief Rationale

Receiving a dementia diagnosis and having the time and support to adjust to this diagnosis is very important. The individual may need support and advice on a number of key areas from friends, family, peers, experts by experience or with a health or social care professionals, or others in a field that understands dementia. Key areas of learning to support adjustment and living well may include information and advice on treatments and ways to stay active and healthy, financial matters and planning ahead, employment (if the person is still working), driving, practical, emotional and relationship support to live well.

Throughout the consultation people told us that learning and support opportunities must also be offered throughout the person's journey therefore, a chance to receive stage appropriate, needs appropriate information and skills sessions at the right time is important.

It is recognised that there should be a strong emphases for family and care partners to be included in all opportunities to ensure they can access the necessary support, advices, skills and information to perform their role. Cognitive functional interventions and strategies are to be included and there will be a national resource available that includes a range of programmes to acknowledge carer needs and skills.



11.

Wales will adopt the Dementia Friendly Hospital Charter with a regular review of implementation and outcomes.

Brief Rationale

Principles for practice in the Dementia Friendly Charter reflect the aspirations in the Dementia Action Plan for Wales 2018-2022. These cover a number of person centred, rights based approaches including:

- Providing choice around meal times
- Letting people sleep and wake at their own pace
- Allowing flexible visiting times
- Ensuring that care and treatment is culturally sensitive and that where Welsh is a person's first language, care and treatment is provided in Welsh
- Facilitating families and carers to continue to support a person with dementia whilst they are in hospital if they wish
- Adapting environments so they are more 'dementia supportive' such as considering the layout and signage.

By establishing a Wales version of the Dementia Friendly Hospital Charter that is used in England will mean there is a clear focus for the development of robust dementia care provision.

Wales will take learning from the approach in England and build upon it by using a Regional Taskforce approach. This will ensure commitment from professionals, policy makers and people living with dementia and their carers. Having a taskforce in place to work with the region will help the sustainability of the work and regular meetings will ensure that the work continues.

There will be a readiness and self-evaluation tool supporting a peer review approach for care settings to gauge its own performance against the standards outlined in the Charter. Linking and sharing of practice will support equitability and quality improvement nationally, as well as creating and maintaining relationships with the Welsh health board regions.

The Charter aligns to key audit programmes such as health care standards and the Royal College of Psychiatry dementia hospital audit, plus others. Audit items have been cross referenced with the charter principles. It is important to use existing audits as supporting evidence against the charter, however, the focus of the charter will look at how the information is used locally to improve dementia care to meet the principles of the charter.

12.

People living with dementia and their carers will have a named contact (connector) to offer support, advice and signposting, throughout their journey from diagnosis to end of life.

Brief Rationale

A named contact will ensure that people are connected to available local support networks, which may including peer support options, enable access to other financial and practical advice and information on what adjustments could be made to their lifestyle or environment to help them remain as fit and healthy as possible.

There will be a phased approach to meeting this standard:

Phase one:

This will include all newly diagnosed people with a dementia being provided with a named contact (connector)

Phase two:

Identify existing people diagnosed with dementia and provide a named contact (connector)

The dementia connector role will be defined nationally and it is the intention that the role function will help the person and carer to coordinate care. Many people diagnosed with dementia are not being seen by the core statutory dementia services however the function of this role must link with Social Service and Wellbeing Act (Wales) 2014 requirements of coordination and Mental Health (Wales) Measure 2010 care coordinator.



13.

People living with dementia will have access, when needed, to relevant (and when accessing mental health services) dedicated services post diagnosis no matter their residence. This identifies with the care and team wrapped around the individual, (connects to standard one, three and twelve)

Brief Rationale

People in the consultation told us that despite accessing specialist mental health services like MAS, or secondary services there was limited access to a range of professional and voluntary groups working in partnership that can provide a range of treatment and intervention modalities.

Identified dedicated services include:

- Speech and Language Therapy
- Dietician
- Audiology
- Dentistry
- Ophthalmology
- Physiotherapy
- Palliative care from day of diagnosis
- Occupational Therapy
- Psychology
- Mental health nurses
- Social worker
- Mental health specialist services
- Podiatry

Every person's experience of their dementia will be unique. Dementia can affect people in many different ways and therefore a range of skills and professions are required to match people's needs. Dedicated services built around the individual will support timely access to address a range of needs so that the person can live well.

As an example: Community Resource Teams would be included in a team round the individual approach along with other services that people may need, including virtual means of engagement and face to face through a range of different approaches to connect e.g. how services work together as a one stop option within the agreed way that a local community has determined what dementia support looks like (as per standard one).

Dedicated services are services with the ability to respond to the needs of people with dementia and may not need to be dedicated staff working in dementia care within mental health services for example. The service e.g. community dietetics or physiotherapy has suitable funding to provide dementia care support within a community with an ability and resource to respond to need. This will mean core services scope what investment is needed to respond to dementia care as per the focus of standard one.

14.

People living with dementia will have a current face to face appointment where a physical health review will be delivered in partnership by primary and secondary care. Where there is justifiable reason for not providing a face to face appointment, a physical health review will be delivered by other approaches i.e. digital platforms, telephone consultation.

Brief Rationale

People living with dementia are considered as a vulnerable group and therefore people with a dementia may be at risk of health and social inequalities. Health inequalities for people with a dementia can be exemplified by the evidence that suggests people with dementia receive less primary, preventative healthcare than people without dementia.

Evidence suggests by increasing the numbers for health checks for people living with a dementia may improve health outcomes. There is also a direct association with people receiving regular health checks needing fewer unplanned hospital admissions, (Cooper C, 2017).

Ensuring a health check becomes part of the annual care review for people living with a dementia will safeguard against any health inequalities that could potentially be experienced.

Partnership approaches to delivering the health checks maybe appropriate and would support the aim of care around the individual and provide easier access to care. Aligning with standard twenty and the measurement workbook, will capture how many people with a dementia received a face to face review to inform improvement.

15.

People within 12 weeks of being diagnosed with dementia will be offered support to commence planning for the future, including end of life care. This offer will include the opportunity to revisit and update this plan throughout the person's journey. Where appropriate, representation and the use of advocacy will ensure the rights of the person are upheld.

Brief Rationale

Planning for the future and making key decisions is important for every person as there maybe times when the person living with a dementia may not be able to communicate what is important to them, their wishes and needs in regards to daily living, health, social care, finance, housing and end of life decisions.

The important use of advocacy, when appropriate, during the consultation was strongly highlighted. This will ensure the rights of the person are upheld.

During the extensive scoping exercise for the standards, people described a need for support and introduction to support following diagnosis. People will know when they are ready to engage and will have had conversations about what needs to happen next. The consensus was: within a three month period, many people will be ready to engage acknowledging that there will be people who want to take longer or may never want to engage with future planning. This avoids the current situation of people receiving little support following diagnosis or support coming too late and the person cannot engage with their own planning.

16.

Organisations and care settings providing intensive dementia care (this includes mental health and learning disabilities inpatient settings) will provide the framework and structure for Dementia Care Mapping (DCM) to become routine practice, supporting clinical reasoning and decision making. Mental health DCM services will offer DCM support to acute care, prisons and care homes settings.

Brief Rationale

Within the consultation, people told us that this was an important tool to evaluate and learn about person-centred enabling practice. By embedding this tool will help us to improve care across services. This tool will support evidence that ensures services are meeting and responding appropriately to people's needs at all stages of the person's journey. A DCM strategy for Wales will support this standard.

17.

All staff delivering care at all levels within all disciplines and settings, will have the opportunity to participate in person centred learning and development with support to implement into daily practice. This will be a joint regional approach to identifying a range of learning and development opportunities including quality improvement.

Brief Rationale

The Good Work (2016) is a framework with the intention to support all people within all areas and stages of the dementia care field to be able to reflect and identify their individual person-centred learning development strengths and needs.

The effectiveness of any learning and development opportunities needs to be measured by the impact that it has had on care delivery not by the number of people that have been trained.

Understanding and incorporating improvement methodologies will support to provide the tools to evaluate and understand the detail and impact of learning and development opportunities on the outcomes of care delivered.

This standard supports the Goodwork Framework by detailing practical approaches and opportunities that can be classed as learning and development. It enhances the spirit of the framework moving from a set of criteria to practical application. What is classed as evidence of learning and development can be agreed and will therefore improve upon the basic reporting currently in place. It puts a responsibility on regions to focus on a range of learning and development opportunities including supervision.

18.

People living with dementia, their carers and families will have support and assistance to engage with appointments. This will avoid receiving multiple health and social care appointments that can overwhelm, confuse and isolate the person.

- Reasonable adjustments to ensure coordinated effective offers are made to the person
- The organisation can review the offer of appointments and the way appointments happen e.g. digital technology, home visits, multidisciplinary review sessions, to ensure a coordinated response (connects with standard one, two and twelve)

Brief Rationale

Within the consultation, this was an area of frustration for people and carers. Practical streamlining of operational processes will support the service to avoid duplication and maximise opportunities to exercise prudent principles to service delivery. This may include exploring opportunities within roles, partnership working arrangements and developing integrated assessments, protocols and processes.

Access and appointments: A whole systems approach not just care coordination. Look at how the organisation / system supports vulnerable people and provides options for how people can access appointments when engaging with all settings and professionals across health and social care.

At a micro level, the person must have individualised reasonable adjustments made and this can be through and supported by care coordination, dementia connector roles and via team around the individual.



Partnerships & Relationships

19.

Services will ensure that when a person living with dementia has to change or move between any settings or services, care with supportive interventions will be appropriately coordinated to enable the person to consider and adapt to the changed environment. This will ensure that all care partners will communicate and work jointly with each other to support a seamless transition.

Brief Rationale

Transition includes a transfer of communication: care and support plans, intervention plans and 'Getting to know you' type documents. In this standard consider relationship building and partnership working to foster smooth transitions of care.

Ensuring that all services recognises and supports reasonable adjustments for both the individual and their carer during this time will improve the success of the person and their carer adapting and adjusting to change in their circumstances.

This standard is about the system of care being coordinated as well as making individual decisions. For example, avoiding numerous transfers between wards that can confuse and disorientate the person. This is a focus on system growth by reviewing, planning and implementation of how care can be delivered to the person, people with dementia at a systems and person level.

20.

Working in partnership, the region will deliver on the requirements of the agreed data items (measurement workbook) for reporting and assurance.

Brief Rationale

The collection of the agreed data items will provide an overview of the types of services and resources that are currently available to deliver dementia care. The standard will build upon existing items used for measurement within the regions and offer new items, where relevant. This will assist to detail a picture of the landscape of care that is being provided for people living with a dementia and their carers in Wales.

The extensive scoping exercise for the standards also consulted on measurement providing many examples of performance reporting not supporting practice. Usually reporting is undertaken without the purpose described to the workforce and therefore it becomes divorced from improvement in practice or data is asked for with short reporting turnaround times. This standard will offer a workbook approach – one workbook detailing all the requirements (with a rationale and definitions) provided on day one to the region and accessible to the workforce for that reporting year e.g. April 1st.

The workbook will detail all monthly, bi-monthly, quarterly, 6 monthly and annual reporting required highlighting what is needed to work towards etc. It will be part of the delivery framework for implementation in phase 2 and guidance will be provided for the regions on how to use the workbook.

Thank you to all the people across Wales and beyond involved in developing the dementia standard descriptors. Your passion, expertise, lived experience and commitment has enabled these high level descriptors to be developed in support of the forthcoming Dementia Pathway of Standards and Delivery Framework.



Power of Discharge Sub-Committee Meeting

**Tuesday 15th July 2025
09:30 – 11:00**

Virtually via Microsoft Teams

Present:

- Paul Deneen – Chair, Independent Board Member
- Perry Attwell – Associate Hospital Manager
- Kolade Gamel – Service Group Manager: Mental Health Learning Disabilities
- Pamela Haylings – Associate Hospital Manager
- Beverley Hopkins – Mental Health Act and Divisional Admin Manager
- Sharon Malson – Mental Health Act Support Officer
- Sandra Mason – Assistant Director: Mental Health Learning Disabilities
- Carol Morgan – Associate Hospital Manager
- Julie Roberts – Associate Hospital Manager
- Carol Smith – Associate Hospital Manager
- Holly Taylor – Mental Health Act Support Officer
- Peter Walters – Associate Hospital Manager
- Amelia James – Mental Health Act Implementation Support Officer (*Minutes*)

Apologies:

- Keith Dunn – Associate Hospital Manager
- Cheryl Keeling – Associate Hospital Manager

Agenda Item	Key Discussion points /Updates	Action	Who
1. Welcome, Introductions & Apologies	Paul welcomed everybody to the meeting. Introductions were made as there were several new members of the committee. It was noted that Bev has recently been promoted to Divisional Admin Manager. Apologies received from Keith Dunn.		
2. Update on PODSC Committee	Paul updated the subcommittee that ABUHB had recently reorganised one of its committees. The new committee was now known as the Mental Health and Learning Disabilities Committee (MHLDC). As a result, there had been a slightly delay in meetings of the sub-committee for which he apologised.		
3. Matters Arising and Minutes from previous Meeting	The minutes and action points from 19 th November 2024 were reviewed and agreed.	Amelia to update minutes with apologies from Julie	AJames

	<p>will only be taking place if the patient specifically asks for it and that all hearings are being held on teams unless the patient requests a face-to-face hearing.</p> <p>Carol discussed that she hasn't been able to commit to hearings for the past few months as she has been having building work done.</p> <p><u>Carol Smith</u> Carol discussed that she has been doing Associate Hospital Manager hearings for the past year for another health board and that it has been a learning curve. She discussed that there have been a number of reviews that have had to be delayed or cancelled because reports have not been available or have been submitted at very late notice and asked that the care teams are reminded this is a legislative requirement.</p> <p>Sandra discussed that the professional staff are stretched to the limit currently, particularly on the medic side and explained that the clinical work will always be prioritised. She asked that the Associate Hospital Managers bear with us for the moment.</p> <p><u>Peter Walters</u> Peter discussed that he feels there is still some patchiness in terms of communications but finds it refreshing and rejuvenating that there are a lot of new hospital managers to ease the pressure</p> <p><u>Training</u> Bev discussed the idea of doing training sessions every 3-6 months with a view to setting up a TEAMS training session at the end of August 2025.</p> <p>Bev noted that if any individuals would like one-to-one training on TEAMS, then to contact Bev and she will organise this.</p> <p><u>Annual Conversations</u> Annual conversations / Personal Reviews will be taking place with each member of the committee annually.</p>	<p>Bev to set up TEAMS training session</p>	<p>BHopkins</p>
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	<p>This to include how they are feeling about things, whether they feel they need further training, development opportunities, feedback from Bev and the team and what we can do to improve things. There will also be discussion around chairmanship and whether members are interested in becoming chairs, or wish to continue being a chair.</p> <p>Paul also mentioned that there will be an updated schedule where people would be appointed for a four-year term, and then this would be reviewed as time progresses, in terms of reappointment. Everyone will therefore have a contract regarding their appointment.</p> <p>The Annual conversations / personal reviews will be with Bev and will be individually organised. Paul asked Bev to look at everybody's terms of appointment and arrange a schedule for the discussions to discuss at the next meeting in November.</p> <p>With regard to the annual conversations / personal reviews there will be a 1-2 sided pro forma to keep things simple and straightforward.</p> <p>Paul discussed that there is currently a policy/guidance that needs to be updated. This is currently being looked at and will be circulated for the next meeting.</p>	<p>Bev to arrange a schedule for annual discussions</p>	<p>BHopkins</p>
<p>6. Items for Information</p>	<p><u>Department Structure</u> The department structure is still being finalised. Once it is complete it will be circulated.</p> <p><u>Report prepared for meeting of MHLDCOMM in March 2025</u> Amelia will circulate the authorised version of the report that has been accepted by the MHLDCOMM for information.</p> <p><u>Hospital Managers Power of Discharge Handbook</u> This has been circulated for information.</p>	<p>Amelia to circulate a copy of the report</p>	<p>AJames</p>

	<p><u>Delegated duties of Mental Health Act Managers Policy</u></p> <p>This has been circulated for information.</p>		
7. Any Other Business	<p>Julie discussed that having a training session all together is really useful and that it would be useful if there was bite size training on a specific topic or question. Paul raised the idea of this being added in to the PODSC meeting as an agenda item where people could raise any questions they may have and we can have a discussion around them.</p> <p>Peter raised the question of whether there will be an All-Wales Hospital Managers Conference taking place. Bev confirmed that the MHA office had not heard anything regarding this but that she will enquire with Cardiff and Vale UHB.</p> <p>Pamela expressed her thanks to the other members who have helped her gain more confidence in her role.</p> <p>Bev discussed that it is difficult with the payment of fees and payroll and asked the question that if the MHA created a form that could be sent out to individual managers to be completed, would the managers be willing to complete it and submit it at the end of every month? It would mean the managers would know exactly what they were being paid for as payslips have always been an issue. Bev will draft something and get it sent out to the managers to have a look at and feedback.</p> <p>Carol Smith discussed that when she does work for a different authority there is an expenses app and she makes a claim after each meeting so you know exactly what has been paid and what hasn't.</p> <p>Peter discussed that in Elysium they have a good system for contacting managers straight after a hearing and asking them to confirm attendance and the decision of the meeting. They use this as a record of attendance then.</p>	<p>Bev to enquire after the All-Wales Hospital Managers Conference</p> <p>MHA office to draft form for Bev to send out for feedback</p> <p>Peter will copy Bev into one of these emails</p>	<p>BHopkins</p> <p>MHA Office / BHopkins</p> <p>PWalters</p>

	<p>Holly thanked everybody for their support and patience as she has been getting to grips with her new role.</p> <p>Peter expressed his thanks to Richard who has jumped in at the deep end when a few things have gone wrong in recent hearings.</p> <p>Paul gave his thanks to Bev, Sandra, Kola, Holly, Sharon and Amelia for their help and support with the PODSC.</p> <p>Paul also gave his thanks to all of the Associate Hospital Managers for their contribution and support in such an important area of activity.</p>		
<p>Date of next meeting: Tuesday 11th November 2025 at 09:30</p>			

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