

Mental Health Learning Disabilities Committee

Mon 29 June 2026, 09:00 - 12:00

Microsoft Teams



Agenda

1. PRELIMINARY MATTERS

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 24th March 2026

Attached Chair

 MHLDC 20260629 1.4 Minutes of Previous Meeting MHLDC 20260324.pdf (13 pages)

1.5. Committee Action Log

Attached Chair

 MHLDC 20260629 1.5 Action Log.pdf (7 pages)

2. ITEM FOR APPROVAL/RATIFICATION/DECISION

There are no items for inclusion in this section

3. ITEMS FOR DISCUSSION

3.1. Mental Health Act Compliance Report

Attached Chief Operating Officer

 MHLDC 20260629 3.1 Mental Health Act Compliance Report.pdf (36 pages)

3.2. Mental Health Services related Performance and Outcomes, including Quality, Safety and Activity & 111 Press 2 Performance and Outcomes Report

Attached Chief Operating Officer

 MHLDC 20260629 3.2 Mental Health Services related Performance and Outcomes.pdf (3 pages)

 MHLDC 20260629 3.2 Mental Health Services related Performance and Outcomes Appendix A.pdf (31 pages)

3.3. Right Care Right Person Presentation Update

Attached Chief Operating Officer

 MHLDC 20260629 3.3 Right Care Right Person.pdf (3 pages)

- 📄 MHLDC 20260629 3.3 Right Care Right Person Appendix A.pdf (5 pages)
- 📄 MHLDC 20260629 3.3 Right Care Right Person Appendix B.pdf (1 pages)
- 📄 MHLDC 20260629 3.3 Right Care Right Person Appendix C.pdf (2 pages)

3.4. Staff Security, including Violence and Aggression, specific to MH&LD Services Staff

Attached *Chief Operating Officer*

- 📄 MHLDC 20260629 3.4 Staff Security, including Violence and Aggression, specific to MH&LD Services staff.pdf (3 pages)
- 📄 MHLDC 20260629 3.4 Staff Security, including Violence and Aggression, specific to MH&LD Services staff Appendix A.pdf (11 pages)

4. Items for INFORMATION

4.1. Review of Committee Programme of Business 2026/27

Attached *Director of Corporate Governance*

- 📄 MHLDC 20260629 4.1 Committee Programme of Buisness.pdf (4 pages)
- 📄 MHLDC 20260629 4.1 Committee Programme of Business Appendix A.pdf (6 pages)

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

Attached *PoD Chair*

- 📄 MHLDC 20260629 4.2 PoD Sub-Committee Update.pdf (5 pages)

5. OTHER MATTERS

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

Oral *Chair*

5.2. Any Other Urgent Business

Oral *Chair*

5.3. Date of the Next Meeting: 08th September 2026, 10.30-13.30



**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 24 th March 2026 13.30-16.30
VENUE	Microsoft Teams

PRESENT	Penny Jones, Chair
	Paul Deneen, Vice Chair
	Dafydd Vaughn, Independent Member
	Phillip Robson, ABHUB Vice Chair
IN ATTENDANCE	Rani Dash, Director of Corporate Governance
	Paul Solloway, Director of Digital
	Rebecca Goode, Head of Operational Transformation
	Sandra Mason, Assistant Director of Mental Health & Learning Disabilities
	Paul Rice, General Manager for MH&LD
	Amy Buckley, Assistant Divisional Nurse, MHL D
	Sara Garland, General Manager, Family and Therapies
	Mark Griffiths, CAMHS Consultant and Clinical Director
	Amanda Whent, Dementia Lead Nurse
	Kavitha Pasunuru, Divisional Director, Family and Therapies
	Naomi Murtagh, Board Business Manger
Gavin Thomas, Governance Support Officer	
APOLOGIES	Seema Srivastava, Medical Director
	Tracy Daszkievicz, Director of Public Health
	Leanne Watkins, Chief Operating Officer
	Louise Turner, Divisional Director of Mental Health and Learning Disabilities

MHLD/0324/01	Welcome and Introductions The Chair welcomed everyone to the meeting.
MHLD/0324/02	Apologies for Absence Apologies for absence were noted.
MHLD/0324/03	Declarations of Interest



	<p>The Chair asked if anyone had any Declarations of Interest pertaining to items on the agenda. The Committee NOTED that Penny Jones (PJ), Chair, was a Board Trustee for a Dementia Café in Chepstow.</p>
<p>MHLD/0324/04</p>	<p>Draft Minutes of 20 January 2026 Meeting</p> <p>The minutes of the Mental Health and Learning Disabilities Committee held on 20 January 2026 were reviewed and agreed as a true and accurate record of the meeting.</p> <p>The Committee APPROVED the minutes.</p>
<p>MHLD/0324/05</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 noted the ongoing work in respect of the outstanding actions.</p> <p>The Committee NOTED the action log.</p>
<p>MHLD/0324/06</p>	<p>Development of Committee Annual Programme of Business 2026/27</p> <p>Rani Dash (RD), Director of Corporate Governance, presented the Draft Annual Programme of Committee Business for 2026/27.</p> <p>The Committee noted that the programme had been developed using the established Committee framework, drawing on the previous year’s priorities, statutory and regulatory requirements, and areas of emerging risk.</p> <p>The Committee noted that the Programme of Business was intended to operate as a dynamic document, subject to ongoing review and refinement throughout the year to ensure continued alignment with organisational priorities, national policy developments, and assurance requirements.</p> <p>The Committee APPROVED the Annual Programme of Business 2026/27.</p>



Mental Health Act Compliance Report

Sandra Mason (SM), Assistant Director of Mental Health & Learning Disabilities, provided the Committee with an update on Compliance of the Mental Health Act.

SM informed the Committee that overall activity under the Act had increased, including a continued rise in Section 136 detentions. It was recognised that this reflected a broader national trend and wider societal pressures rather than local service failure. Paul Deneen (PD), Independent Member, emphasised the importance of understanding longer-term trends and welcomed the intention to provide further five-year trend analysis to support future assurance.

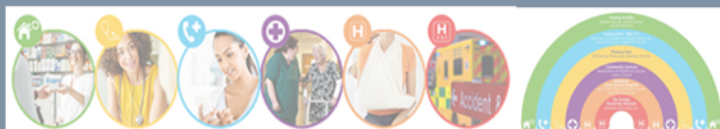
The Committee noted a reduction in rectifiable errors, which was attributed to the strengthening of training arrangements, improved scrutiny of documentation, and targeted feedback to clinical staff. Assurance was provided that a comprehensive Mental Health Act training programme was in place and being extended to a wider range of staff groups, including community services, with attendance and impact being actively monitored.

The Committee discussed unlawful detention incidents and noted that these had been addressed through learning and additional training, with assurance provided that corrective actions had been implemented to prevent recurrence.

The Committee received an update on Section 136 activity, including the use of the Place of Safety, repeat detentions, and multi-agency working. PD sought assurance that repeat attendances were being reviewed through appropriate multi-agency processes and welcomed further reporting to improve transparency on individual-level data and outcomes.

ACTION: Chief Operating Officer

The Committee noted the development of further audit and monitoring arrangements, including work to strengthen data quality, documentation review, and future reporting capability. In addition, the Committee also noted ongoing work to improve crisis response and outreach



arrangements, with the aim of reducing escalation and detention where appropriate.

The Committee welcomed the overall improvements in compliance and assurance but highlighted the need for continued focus on data quality, workforce training, and understanding demand drivers.

The Committee **NOTED** the Mental Health Act Compliance Report and received assurance on current compliance and improvement actions. Furthermore, the Committee **AGREED** that further trend analysis and enhanced reporting on Section 136 activity would be brought to a future meeting.

ACTION: Committee Secretariat

MHLD/0324/08

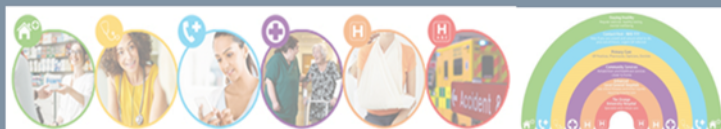
Mental Health Services related Performance and Outcomes, including Quality, Safety and Activity

Paul Rice (PR), General Manager for Mental Health and Learning Disabilities, and Kavitha Pasunuru (KP), Divisional Director for Family and Therapies, updated the Committee on Mental Health Services performance and outcomes.

PR reported that overall performance against nationally mandated Mental Health access standards had remained strong, with sustained achievement against Parts 1A and 1B measures. Members were advised that this performance had been maintained despite ongoing system pressures and increasing demand.

The Committee discussed areas of challenge, including psychological therapies, where capacity pressures continued to impact on timeliness of access. Assurance was provided that work was underway to review and redesign pathways, optimise workforce deployment, and align local improvement actions with national programmes.

The Committee considered patient experience and feedback, noting ongoing efforts to improve response timeliness and the use of service-user feedback to inform service improvement. It was noted that new approaches were being trialled to enhance engagement and improve



the accessibility of feedback mechanisms for mental health service users.

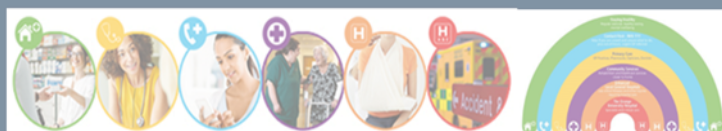
Progress was noted in relation to complaints handling, duty of candour compliance, and the strengthening of incident review processes. This included the implementation of action plans to improve the timely closure of incidents. Assurance was provided that learning from incidents, complaints and feedback continued to inform quality improvement activity across services.

KP updated the Committee on CAMHS performance and Neurodevelopmental service transformation. It was reported that CAMHS continued to demonstrate consistent compliance with Parts 1A and 1B performance targets. Ongoing work was noted to strengthen the sustainability of care and treatment plans, including improved use of reminders, in collaboration with the National CAMHS Implementation Network.

KP outlined the transformation of the Neurodevelopmental service, describing a shift from a predominantly diagnostic-led pathway to a need-based intervention model. It was explained that this approach had been implemented in response to rising referral volumes and operational capacity constraints. The new model provided support through universal, targeted and specialist interventions and had received positive feedback from stakeholder engagement events, including schools.

KP advised that the referral process had been streamlined through the use of Microsoft Forms, supporting a more efficient referral pathway. Emphasis had moved away from binary diagnostic thresholds towards a more descriptive understanding of individual needs, which had helped to reduce diagnostic pressure.

KP confirmed that regular multi-agency stakeholder engagement had continued, including meetings with local authorities, third sector partners and parent peer mentors. This work supported improved coordination of services, reduced duplication, and addressed system-wide challenges. Workshops for parents and children had been



delivered, focusing on common areas of need such as sleep, emotional regulation and sensory processing.

Phil Robson, Independent Member, suggested that a future in-depth presentation on the transformed CAMHS and neurodevelopmental pathway would be beneficial to enhance Committee understanding. KP agreed to provide a future presentation to support knowledge sharing and assurance.

ACTION: Committee Secretariat / Chief Operating Officer

MHLD/0324/09

Assurance in respect of Dementia Standards

Amanda Whent (AW), Dementia Lead Nurse, presented the report to the Committee on progress against the All-Wales Dementia Standards of Care, including the delivery of the Annual Dementia programme and associated improvement work.

AW informed the Committee of the significant progress made across the five dementia workstreams, including community engagement, memory assessment pathways, carers support, dementia-friendly hospital environments, and workforce learning and development, and the Committee was advised that dementia hubs were fully operational across the region and were providing accessible, localised support for people living with dementia and their carers.

The Committee noted sustained improvement in memory assessment services, including an increase in activity and diagnostic rates above the national average. Assurance was provided that pathway improvements, including centralised booking arrangements and research activity, were supporting more timely access and equity.

Furthermore, the Committee welcomed the progress made in supporting carers, including structured education programmes, information resources, and the development of initiatives to improve carers' experience during emergency and inpatient admissions.



AW provided assurance regarding continued development of dementia-friendly inpatient environments, supported by a three-year improvement plan. The Committee recognised the high level of staff engagement and training, noting strong uptake of mandatory dementia awareness training and wider dementia-specific learning opportunities. The Committee commended staff for their commitment and the positive impact on patient and carer experience.

The Committee noted identified risks, particularly relating to future funding sustainability beyond the current funding period, and emphasised the importance of continued monitoring and escalation as appropriate.

The Committee **NOTED** the report, **ACKNOWLEDGED** the significant improvements delivered, and supported the continuation of the programme's strategic priorities. In addition, it was **AGREED** that updates would continue to be provided through routine governance arrangements, with a focus on sustainability and future funding risks.

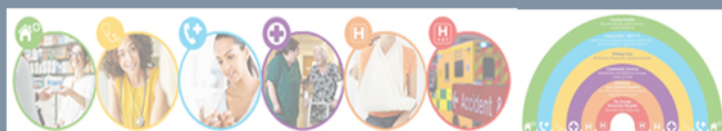
MHL/0324/10

Maindiff Court Mental Health Inspection report

Amy Buckley (AB), Assistant Divisional Nurse, updated the Committee on the Maindiff Court Mental Health Inspection Report, following an unannounced inspection of the service by HIW.

AB informed the Committee that the inspection findings were largely positive and provided assurance regarding the overall quality and safety of care. Particular strengths were identified in relational security, with inspectors highlighting the positive relationships between staff and service users, as well as strong ward leadership and a therapeutic culture. Assurance was also provided regarding the quality-of-care planning and clinical documentation, which was found to be compliant with statutory and professional requirements.

AB explained that there were a number of areas for improvement identified through the inspection, including aspects of the physical environment, promotion of advocacy services, and review of staff skill mix. The Committee noted that an action plan had been developed to address the recommendations and that the majority of



actions had already been completed, with a small number remaining in progress.

The Committee discussed the challenges associated with the age and layout of the estate and noted that environmental improvements were subject to capital funding availability. Assurance was provided that interim mitigating measures were in place and that the service continued to be well maintained and managed.

The Committee recognised and commended staff for the positive inspection outcome and the quality of care delivered, noting the importance of sustaining the identified strengths while completing the outstanding improvement actions.

The Committee **NOTED** the inspection report and **AGREED** that progress against the remaining actions would continue to be monitored through routine governance arrangements.

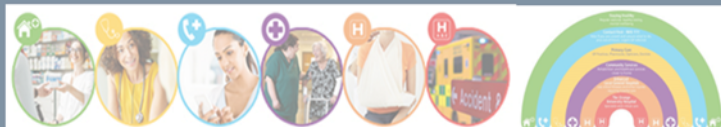
MHLD/0324/11

Mental Health Act Bill Update

Matthew Temby (MT), Interim Deputy Chief Operating Officer, asked Sandra Mason (SM), Assistant Director of Mental Health & Learning Disabilities, to present an update to the Committee on the Mental Health Act Bill including its current legislative position and the anticipated implications for Mental Health and Learning Disabilities services.

SM informed the Committee that the Bill had received Royal Assent and that implementation was expected to be phased over an extended period, with further detail awaited through national guidance and consultation on the Code of Practice, and it was acknowledged that timescales for full implementation remained unclear.

The Committee discussed the anticipated impact of the Bill, including potential increases in administrative, clinical, and tribunal-related activity arising from changes to detention and review requirements, and it was noted that renewal periods for some detention powers were expected to reduce, which would significantly increase workload across Mental Health Act functions.



The Committee received assurance that preparatory work was underway, including workforce training, engagement with national forums, and review of existing processes to maximise efficiency. The Committee noted that the potential financial and workforce implications were being assessed, though clarity on additional funding and national resource provision was still awaited.

The Committee recognised that implementation would require careful planning, sustained national investment, and close monitoring to ensure that patient rights were strengthened without compromising service capacity or safety.

The Committee **NOTED** the Mental Health Act Bill Update and the emerging implications for services, and it was **AGREED** that further updates would be provided as national guidance, funding arrangements, and implementation timelines became clearer.

ACTION: Chief Operating Officer

MHLD/0324/12

Mental Health Maturity Assessment

Paul Solloway (PS), Director of Digital, updated the Committee on the Mental Health Digital Maturity Assessment, which set out the current position of Mental Health services against agreed national and organisational digital maturity domains.

PS informed that the assessment demonstrated a foundational level of digital capability across services, with particular strengths identified in infrastructure, data standards, and business intelligence. However, it was acknowledged that overall digital maturity remained limited, reflecting historic under-investment and challenges in deploying digital solutions consistently across Mental Health Services.

The Committee discussed areas of lower maturity, including remote monitoring, shared care records, and digital process integration, and recognised that these gaps limited the full realisation of digital benefits for patients, staff, and system partners. The Committee noted that



MHLD/0324/13

these challenges were consistent with the wider all-Wales position and required coordinated national and local action.

The Committee received assurance that work was underway to address the identified gaps, including the planned implementation of the electronic patient record and continued focus on strengthening digital governance, workforce digital capability, and standardised digital processes.

Dafydd Vaughan (DV), Independent Member, emphasised the importance of sustained investment, clear prioritisation, and regular monitoring of progress to ensure that digital transformation supported service quality, safety, and sustainability.

The Committee **NOTED** the report.

Mental Health and Learning Disabilities Division: IMTP Priorities

Paul Rice (PR), General Manager for MH&LD, presented the IMTP priorities to the Committee with a particular focus on service transformation, quality improvement, digital development, workforce sustainability, and partnership working.

The Committee noted the Division's strategic intent to continue shifting care towards community-based models, reducing reliance on inpatient provision where appropriate, and strengthening rehabilitation and recovery pathways for adults and people with learning disabilities. PR advised that work was underway to review inpatient models of care, explore opportunities for estate rationalisation, and develop alternative community-based provision.

The Committee discussed priorities relating to access and performance, including ongoing work to improve memory assessment pathways, psychological therapies, and open access arrangements. Assurance was provided that service redesign activity was aligned with national expectations and focused on improving timeliness, equity, and patient experience.



The Committee noted the Division's digital priorities, including the planned implementation of the electronic patient record and exploration of opportunities to improve administrative efficiency and early triage through automation, and the Committee recognised the importance of digital transformation in supporting service sustainability and quality.

The Committee received assurance on workforce priorities, including work to strengthen culture, improve retention, and develop more flexible workforce models. It was noted that the Division was exploring the use of extended and alternative professional roles to support medical capacity and improve resilience.

The Committee also noted the emphasis on partnership working, including alignment with national mental health strategies, suicide and self-harm prevention priorities, and collaboration with local authorities, third sector partners, and public health colleagues

The Committee **NOTED** the Mental Health and Learning Disabilities Division's IMTP priorities.

MHLD/0324/14

Power of Discharge (PoD) Sub-Committee Update

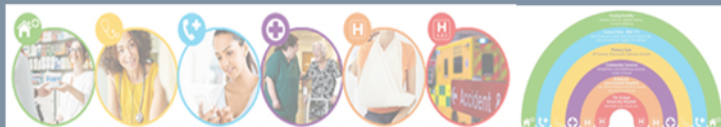
Paul Deneen (PD), Committee Vice Chair, presented the Power of Discharge (PoD) update and the Committee noted that the Sub-Committee continued to provide a valuable forum for oversight of discharge decision-making and the application of delegated discharge powers. PD assured the Committee that discharge processes were operating appropriately and in line with governance requirements, with a continued focus on patient safety, proportionality, and timeliness.

The Committee **NOTED** the update.

MHLD/0324/15

Committee Risk Report

Rani Dash (RD), Director of Corporate Governance, presented the Committee Risk Report to the Committee and it was noted that the identified risks aligned with those previously reported and reflected known system pressures, including demand, workforce sustainability, service



performance, quality and safety, and enabling infrastructure. RD assured the Committee that risks were being actively managed through established governance arrangements, with mitigating actions in place and subject to ongoing review

The Committee considered the current risk ratings and discussed whether these remained appropriate in light of recent performance data, external developments, and emerging issues. Assurance was provided that risks were being escalated appropriately through the Health Board's risk management framework where required.

The Committee emphasised the importance of ensuring that risks remained dynamic and responsive to changes in service demand, national policy developments, and external scrutiny, and that mitigating actions continued to be clearly defined, owned, and monitored.

The Committee **NOTED** the report.

MHLD/0324/16

Review of Committee Programme of Business 2025/26

Rani Dash (RD), Director of Corporate Governance, presented the report to the Committee and reflected on delivery across the year and the extent to which the programme had supported effective assurance and oversight of Mental Health and Learning Disabilities services.

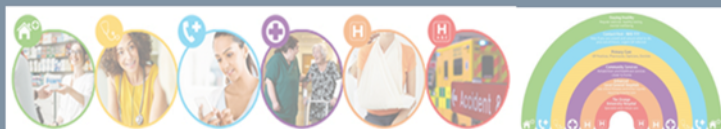
The Committee acknowledged that the Programme of Business had remained sufficiently flexible to accommodate additional items in response to emerging risks, external reviews, and national policy development.

The Committee **NOTED** the report.

MHLD/0324/17

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

The Committee considered items arising from the meeting that required escalation to the Board and/or referral to other Committees for information or assurance.



The Committee agreed that the following matters should be brought to the attention of the Board:

- Ongoing pressures and emerging trends relating to Section 136 detentions, including the need for continued monitoring of demand, repeat detentions, and multi-agency response arrangements.
- Future funding sustainability risks associated with dementia services beyond the current funding period, noting the potential impact on service continuity and regional programmes.
- The findings of the Mental Health Digital Maturity Assessment, highlighting the need for sustained national and local investment to support digital transformation.
- Emerging implications of the Mental Health Act Bill, particularly in relation to anticipated workload, workforce capacity, and funding requirements.

The Committee also noted items for ongoing consideration within Committee Assurance and Forward Work Planning, including increased focus on learning disabilities, children and young people's services, and digital and workforce risks.

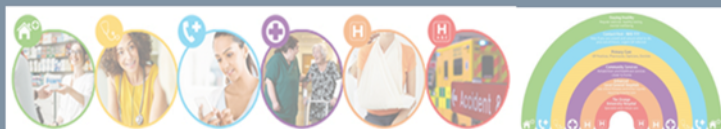
MHLD/0324/18

Any Other Urgent Business

There was no other business raised.

MHLD/0324/19

Date of the Next Meeting: 29th June 2026





Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

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

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
January 2026	MHLD 2201/3.3	Chief Operating Officer to provide the Committee with further updates on: Neurodevelopmental (ND) service pressures, needs-based pathways progress and Waiting list recovery work	Chief Operating Officer	March 2026	<p>Completed</p> <p>A brief update is included in the performance section for the March meeting and the Committee Members will be aware of the wider Board discussions.</p> <p><u>June Update</u> Action included on the forward work plan for September 2026</p>
January 2026	MHLD 2201/3.3	Chief Operating Officer to develop quarterly reporting with triangulated data to strengthen oversight of Restrictive practices	Chief Operating Officer	March 2026	<p>Completed</p> <p>A comprehensive update was given at the last meeting which was late January and there isn't a</p>



Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

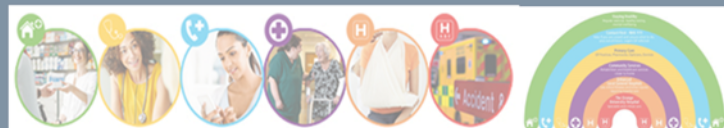
Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
					<p>significant update. Propose that the Committee receive an update at the next committee together with the PMVA compliance.</p> <p><u>June Update</u> Action added to the forward work plan for June.</p>
March 2026	MHLD 2403/07 Mental Health Act Compliance Report	Chief Operating Officer to ensure that repeat Section 136 attendances are consistently reviewed through appropriate multi-agency processes and to strengthen reporting to the Committee by providing improved transparency on repeat detentions, including individual-level data and outcomes.	Chief Operating Officer	June 2026	<p>Completed</p> <p>Prior to the use of s136 powers, we have embedded consultation with MH111p2 to provide support and clinical triage before police powers are exercised. Reducing the use of s136 detentions helps to reduce the</p>



Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
					<p>'revolving door' effect of repeat detentions.</p> <p>Both the MH111p2 team and the Police Mental Health Triage Team provide consultation to officers before any transportation or conveyance takes place under s136. This approach was formally embedded into the new multi-agency s136 policy agreed in 2025.</p> <p>As attached, I have included examples where this process worked in practice, demonstrating how MH111p2/Crisis ensures that all least restrictive alternatives are</p>



Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
					<p>explored prior to the use of s136.</p> <p><u>June Update</u> Update will be included on Junes agenda under item 3.1.</p>
March 2026	MHLD 2403/07 Mental Health Act Compliance Report	Chief Operating Officer to bring further trend analysis and enhanced reporting on Section 136 activity to a future Committee meeting, including improved analysis of trends over time.	Chief Operating Officer	June 2026	<p>Completed</p> <p>A)Following the use of s136 powers, we have an established multi-agency flowchart which outlines how s136 detentions are reviewed and managed, including escalation processes for frequent repeat presentations or other related incidents (please see the attached). a) Also linked is the recent divisional OCP and appointment of a dedicated s136 senior</p>



Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
					<p>nurse. The Senior nurse will provide updates on all s136 incidents, including detailed reviews of repeat detentions, which will be discussed within the multi-agency group as part of reviewing s136 use.</p> <p><u>June Update</u> Update will be included on Junes agenda under item 3.1.</p>
March 2026	MHLD 2403/08 Mental Health Services related Performance and Outcomes, including	Chief Operating Officer to provide a future in-depth presentation to the Committee on the transformed CAMHS and neurodevelopmental pathway, to support enhanced Committee	Chief Operating Officer	June 2026	<p>Completed</p> <p>ND Update and CAMHS performance will be included as part of the performance and outcomes agenda at the June meeting.</p>



Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
	Quality, Safety and Activity	understanding, knowledge sharing and assurance.			<u>June Update</u> Included on the Forward Work Plan and on June's agenda under item 3.2
March 2026	MHLD 2403/11 Mental Health Act Bill Update	Chief Operating Officer to provide further updates to the Committee on the Mental Health Act Bill as national guidance, funding arrangements, and implementation timelines become clearer, including emerging implications for services.	Chief Operating Officer	June 2026	In Progress <u>June update</u> agenda item to keep the wider committee apprised on progress. Action added to the forward work plan for September 2026.



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.





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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	29 June 2026
CYFARFOD O: MEETING OF:	Mental Health and Learning Disabilities Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Mental Health Act Update Report Q4 2025-26
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Leanne Watkins, Chief Operating Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Louise Turner, Divisional Director MH&LD

Pwrpas yr Adroddiad (dewiswch fel yn addas) Purpose of the Report (select as appropriate)
Er Sicrwydd/For Assurance

ADRODDIAD SCAA SBAR REPORT
<p><u>Sefyllfa / Situation</u></p> <p>The report provides activity information on the use of the Mental Health Act over Quarter 4, January – March 2026 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.</p> <p>The report is presented to provide assurance to the Committee on the compliance with the legislative requirements of the Mental Health Act.</p>
<p><u>Cefndir / Background</u></p> <p>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.</p>

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 to be submitted that summarises the work of the Mental Health Act department and identifies how it has fulfilled the duties required of it.

Asesiad / Assessment

This report is prepared 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 in Q4 decreased by 14% (273 Q3 to 235 Q4), and indicates a return to the underlying trend. Q3 was an outlier when compared to previous quarters.
- There were no unlawful detentions identified within the quarter
- There has been an increase in the number of rectifiable errors this quarter from 7 in Q3 to 15. Of the 15 rectifiable errors recorded, 13 required amendments to spelling of the hospital name, patient's name, date and time of section. 2 required further information on the medical recommendation forms. The MHA Administration Department continue to provide training sessions around this with attendance being closely monitored to ensure all staff attend the training.
- The use of Section 136 has increased with 128 assessments in the quarter. This is a 31% increase on the previous quarter, although noting the Q3 report of 98 assessments was lower than previous quarters, indicating a return to the previous trend. The number of patients with repeated 136 detentions has decreased from 15 in Q3 to 7 this quarter. The Adult Directorate continues to engage with multi agency partners to seek alternatives to the 136 process for frequent attenders, including monthly meetings with the Police lead mental health advisor to improve the joint approach.

Divisional staff have embedded a consultation process with MH111p2 to provide support and clinical triage before police powers are exercised. Reducing the use

of s136 detentions helps to mitigate the 'revolving door' effect of repeat detentions.

Both the MH111p2 team and the Police Mental Health Triage Team provide consultation to officers before any transportation or conveyance takes place under s136. This approach was formally embedded into the new multi-agency s136 policy agreed in 2025.

- In respect of new Community Treatment Orders, there were 11 in Q4 a decrease from 21 in the previous quarter. The Q3 data was higher in comparison to previous quarters and indicates a return to the underlying trend.

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 Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	A review of MHA compliance risks is currently in development
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	2. Safe Care 4. Dignified Care 7.1 Workforce 6.2 Peoples Rights
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Not Applicable Not Applicable
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Not Applicable
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve the access, experience and outcomes of those who require mental health and learning disability services Choose an item. Choose an item. Choose an item.

**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.
Partïon / 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)	
Resource Assessment:	A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
• Workforce	Choose an item.
• Service Activity & Performance	Not Applicable
• Financial	Not Applicable
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/	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

January – March 2026

(Quarter 4)

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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 4, 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 were a number of data trends in quarter 4 2025/26. These have been summarised below:

- General activity and detentions under the Act in Q4 decreased by 14% (273 Q3 to 235 Q4), this indicates a return to the underlying trend. Q3 was an outlier when compared to previous quarters.
- There has been an increase in the number of rectifiable errors this quarter of 15, an increase of 5 errors recorded. MHA training is ongoing with a renewed focus on improving accuracy when completing detention paperwork. Staff attendance is being closely monitored and MHA training has now been added to ESR as mandatory for all staff to ensure full compliance.

Of the 15 rectifiable errors recorded during the quarter 13 required amendments to the HO14 including amendments to the spelling of the hospital name, the spelling of the patient's name, date and time of section and amendments to the section of the HO14 which records whether the patient is an inpatient or outpatient of the hospital. Whilst 2 required further information on the medical recommendation forms.

- The use of Section 136 where the Police remove individuals to a place of safety for their wellbeing, has increased with 128 assessments in the quarter. This is a 31% increase on the previous quarter, although the Q3 report was low in comparison to Q2 indicating a return to the previous trend. The number of patients with repeated 136 detentions has decreased from 15 in Q3 to 7 this quarter. The Adult Directorate continue to engage with multi agency partners to seek alternatives to the 136 process for frequent attenders.
- There has been a decrease to 11 in the number of new CTOs this quarter, when compared to 21 new CTOs in the previous quarter. However this is slightly higher than the average of 8 in previous quarters. The use of CTOs allows patients to return home while

continuing treatment with support from the Community Mental Health Team (CMHT). This not only supports recovery in a less restrictive setting but also helps free up inpatient beds, improving patient flow and easing current bed pressures.

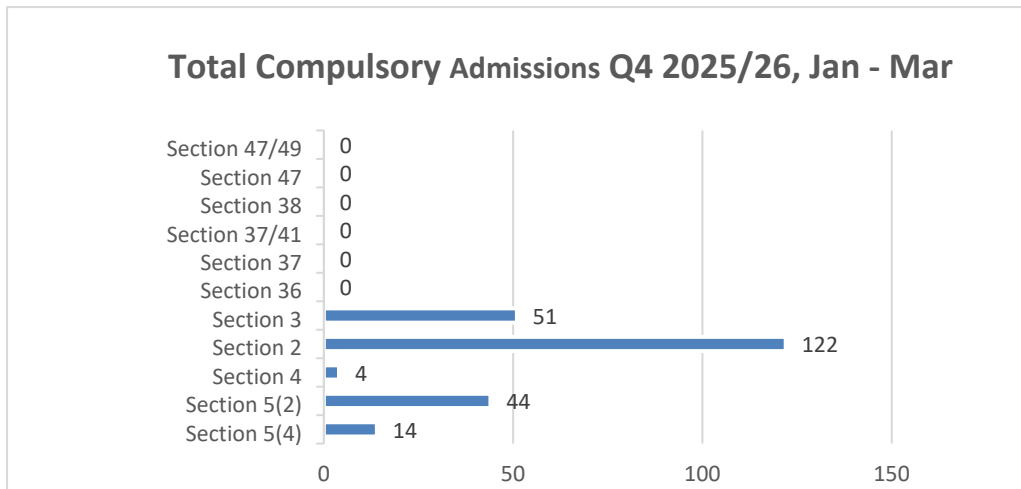
Use of the different sections are shown in the table below. These are in comparison to average numbers based over the previous 5 years (April 2021 – March 2026).

Section of MHA	Average per Qtr.	Qtr. 4	Trend	Notes
5(4)	10	14	↑	A higher than average use of these holding powers.
5(2)	32	44	↑	A higher than average use of these holding powers.
2	124	122	↓	A slightly lower than average use of this section
3	48	51	↑	A slightly higher than average use of this section.
4	3	4	↑	A slightly higher than average use of this section.
17A (CTO)	8	11	↑	A higher than average number of CTO patients during the quarter.
135	4	0	↓	A lower than average use of this section, however there are data completeness issues with the gathering of Section 135 data.
136	95	128	↑	A higher than average use of this section.
Part III	3	0	-	A lower than average number of Part III detentions.

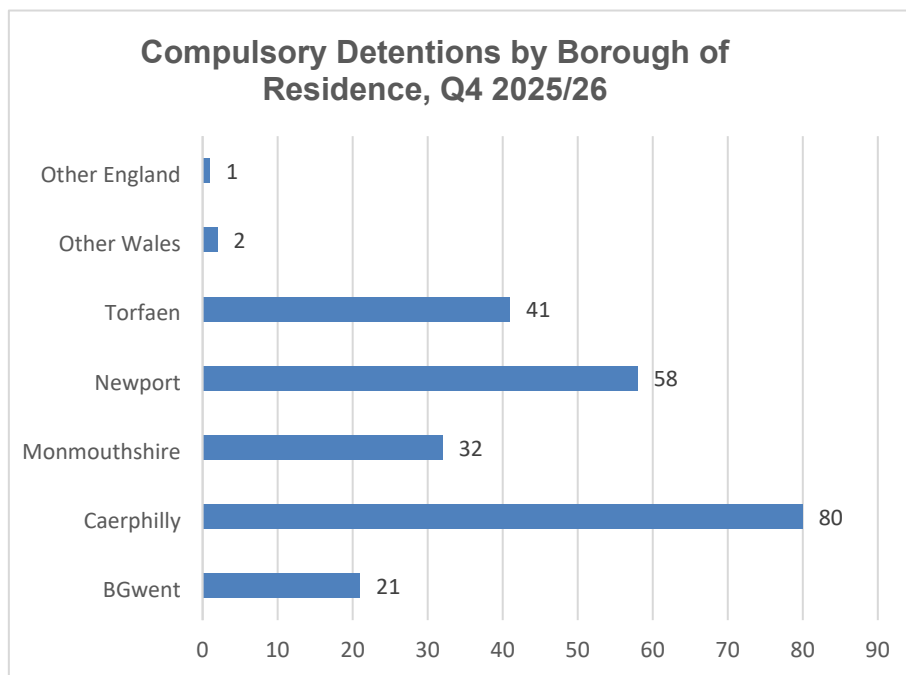
3. Findings and Information

3.1 Inpatient Mental Health Act Activity, Q4 2025/26

Data on the use of compulsory admission under the MHA by quarter is shown 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.



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. Caerphilly had the highest number of detentions per population.



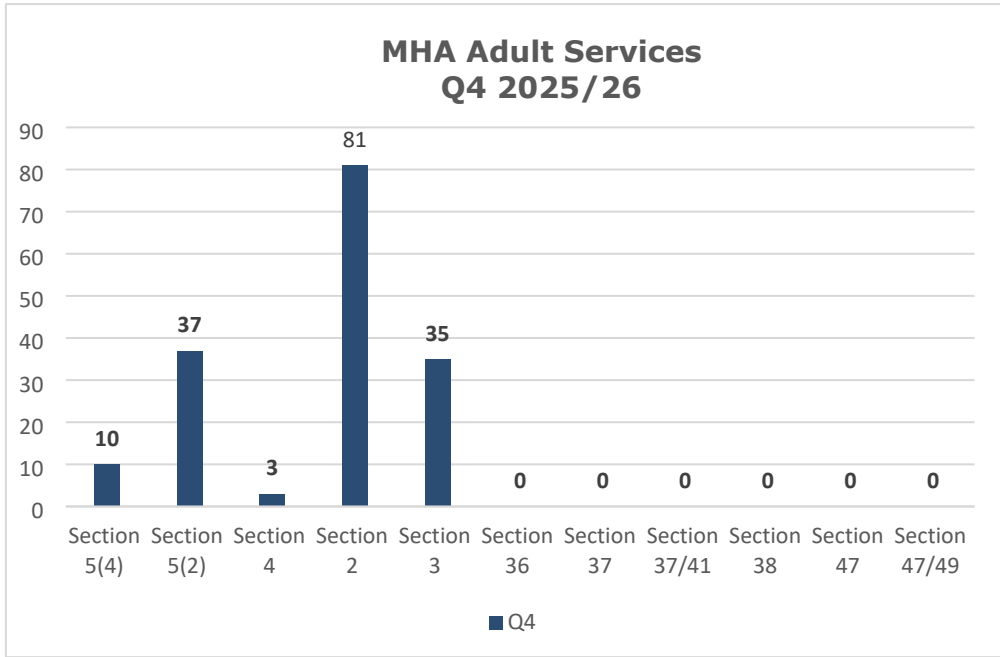
Borough	Detentions Q4 2025/26	Population (000's)	Detentions per 1,000 population Q4 2025/26 (Previous Qtr.)
Caerphilly	80	177	0.5 (0.5)
Newport	58	168	0.3 (0.5)
Monmouthshire	32	95	0.3 (0.4)
Torfaen	41	94	0.4 (0.5)
Blaenau Gwent	21	68	0.3 (0.3)

In comparison to the previous quarter there has been a 14% 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 1% decrease.

Section	Q4 2024/25	Q1 2025/26	Q2 2025/26	Q3 2025/26	Q4 2025/26
Section 5(4)	9	11	4	14	14
Section 5(2)	31	35	35	41	44
Section 4	6	3	1	3	4
Section 2	140	122	122	144	122
Section 3	48	51	54	67	51
Section 35	0	0	0	0	0
Section 36	1	0	0	0	0
Section 37	0	0	1	1	0
Section 37/41	3	0	0	2	0
Section 38	0	0	0	0	0
Section 47	0	0	0	0	0
Section 47/49	0	0	0	0	0
Section 48	0	0	0	0	0
Section 48/49	0	0	1	1	0
TOTAL	238	222	218	273	235

3.1.1 MH Adult Compulsory Admissions under the MHA 1983

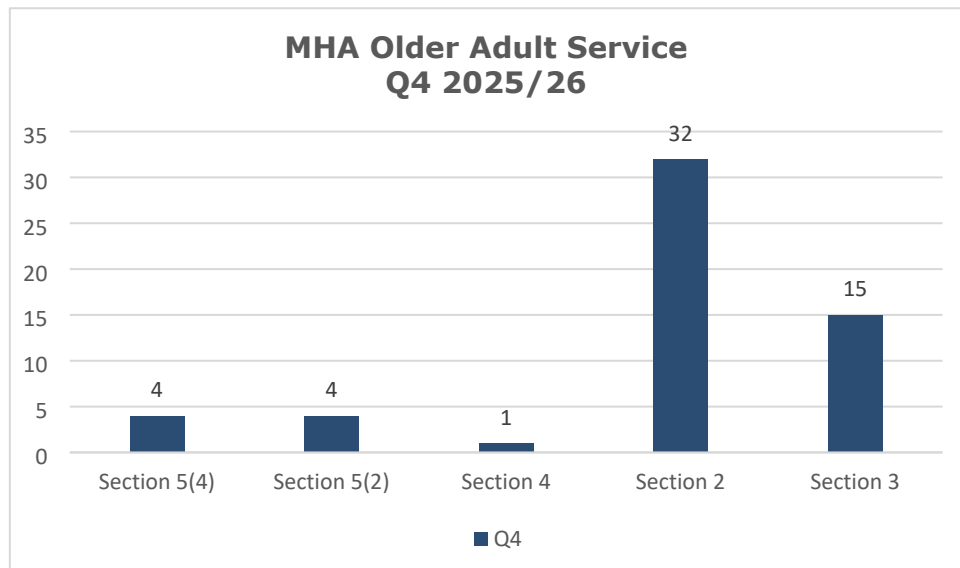
A breakdown of all compulsory admissions to mental health wards of all adults under 65 years of age is shown in the chart and table below. It can be seen that just under half (49%) of all admissions are under Section 2 (Assessment) of the MHA, with 21% of detentions under section 3 (Treatment) and 2% under Section 4. 28% of all adult detentions were under Section 5 of the Act. There was an overall decrease (18%) in the number of detentions compared to the previous quarter. The decrease in detentions cannot be attributed to any trends, but the decrease overall is encouraging but particularly the use of S2'



Section	Q4 2024/25	Q1 2025/26	Q2 2025/26	Q3 2025/26	Q4 2025/26
Section 5(4)	8	9	2	10	10
Section 5(2)	28	29	29	37	37
Section 4	4	3	1	3	3
Section 2	90	84	83	98	81
Section 3	35	40	39	50	35
Section 35	0	0	0	0	0
Section 36	1	0	1	0	0
Section 37	0	0	0	1	0
Section 37/41	3	0	0	2	0
Section 38	0	0	0	0	0
Section 47	0	0	0	0	0
Section 47/49	0	0	0	0	0
Section 48	0	0	0	0	0
Section 48/49	0	0	1	1	0
TOTAL	169	165	156	202	166

3.1.2 MH Older Adult Compulsory Admissions under the MHA 1983

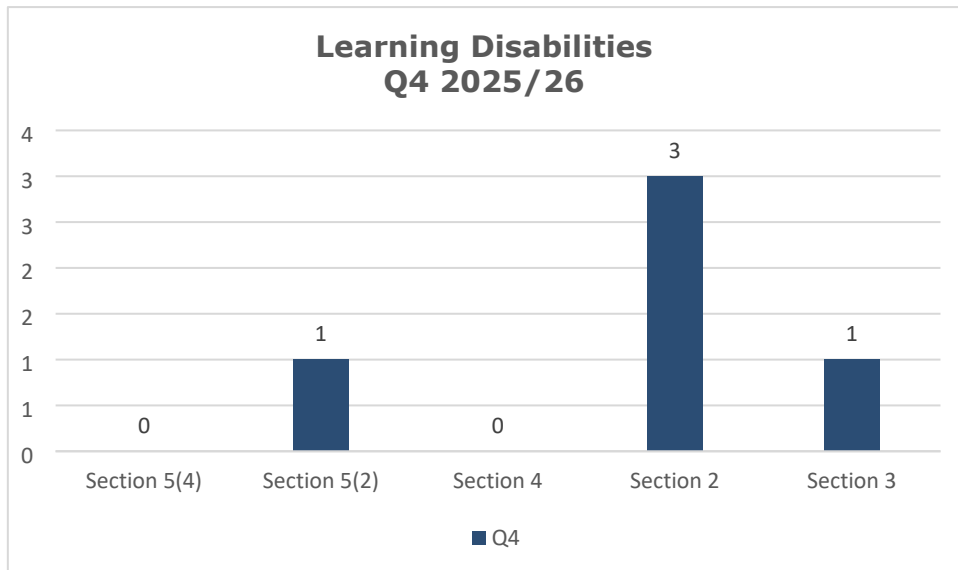
Within the older adult population patients admitted and detained, 84% were admitted under Sections 2 or 3 of the MHA with 2% detained under Section 4 and 14% admitted under Section 5 provision. There was an 5% decrease in the number of detentions compared to the previous quarter. Although there has been 1 S4 detention this quarter, overall it is promising that number of detentions have decreased compared to the last quarter



Section	Q4 2024/25	Q1 2025/26	Q2 2025/26	Q3 2025/26	Q4 2025/26
Section 5(4)	1	2	1	2	4
Section 5(2)	3	3	5	2	4
Section 4	2	0	0	0	1
Section 2	45	34	30	41	32
Section 3	11	8	14	14	15
TOTAL	62	47	50	59	56

3.1.3 Learning Disabilities Compulsory Admissions under the MHA 1983

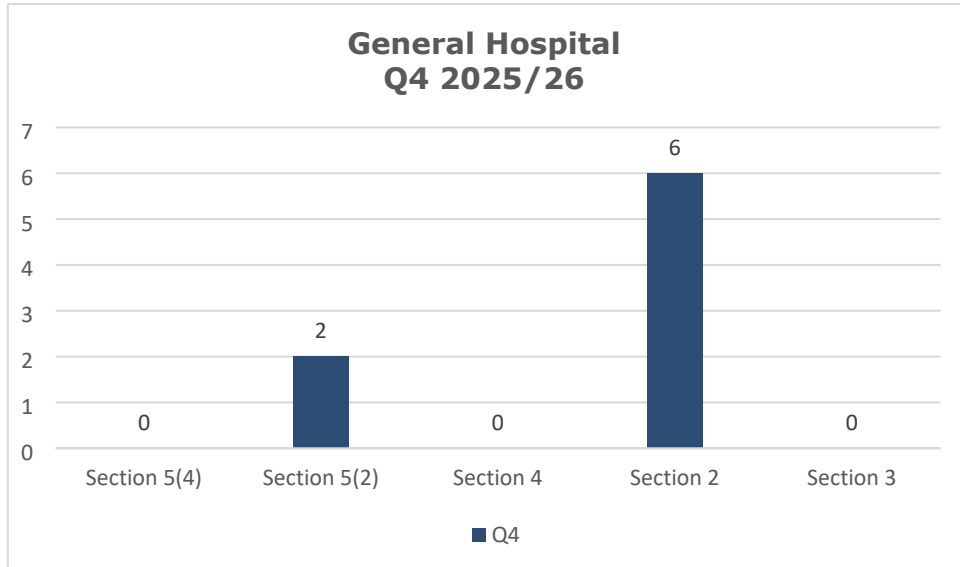
For individuals with a learning disability requiring admission under the MHA, 80% were admitted under Sections 2 or 3 of the MHA with 20% admitted under Section 5 provision. There was a 29% decrease in the number of detentions compared to the previous quarter.



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

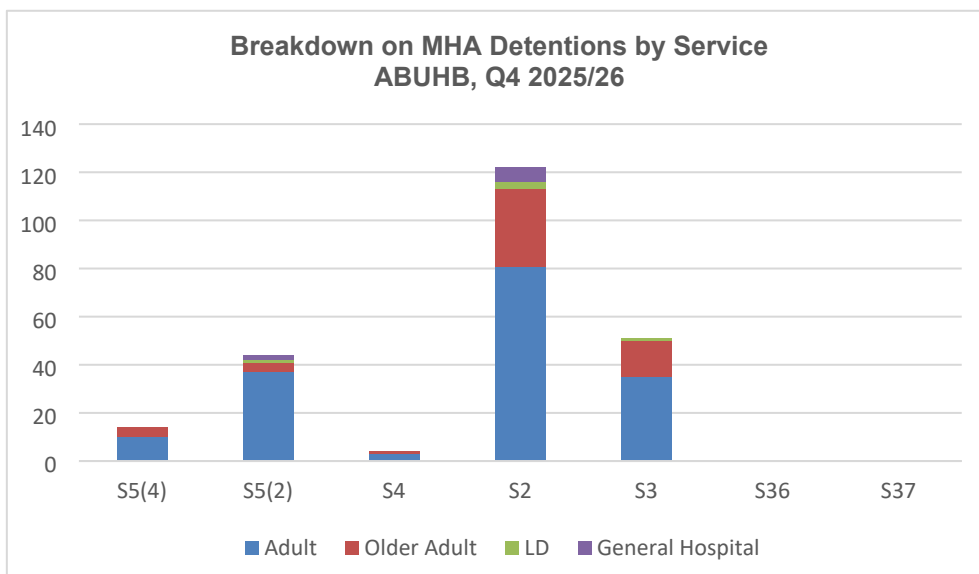
3.1.4 General Hospital Compulsory Admissions under the MHA 1983

For patients detained under the MHA in a General Hospital setting, 75% were admitted under Sections 2 or 3 of the MHA with 25% admitted under Section 5 provision. There was an overall 60% increase in the number of detentions compared to the previous quarter. Detentions in general hospitals have increased by six compared to the same quarter last year. The Mental Health Act (MHA) team will continue to monitor this trend closely, including reviewing potential factors contributing to the increase.



Section	Q4 2024/25	Q1 2025/26	Q2 2025/26	Q3 2025/26	Q4 2025/26
Section 5(4)	0	0	0	0	0
Section 5(2)	0	3	0	1	2
Section 4	0	0	0	0	0
Section 2	2	2	8	3	6
Section 3	0	1	1	1	0
TOTAL	2	6	9	5	8

The below chart shows the total number of MHA detentions broken down by service for quarter 4, 2025/26.

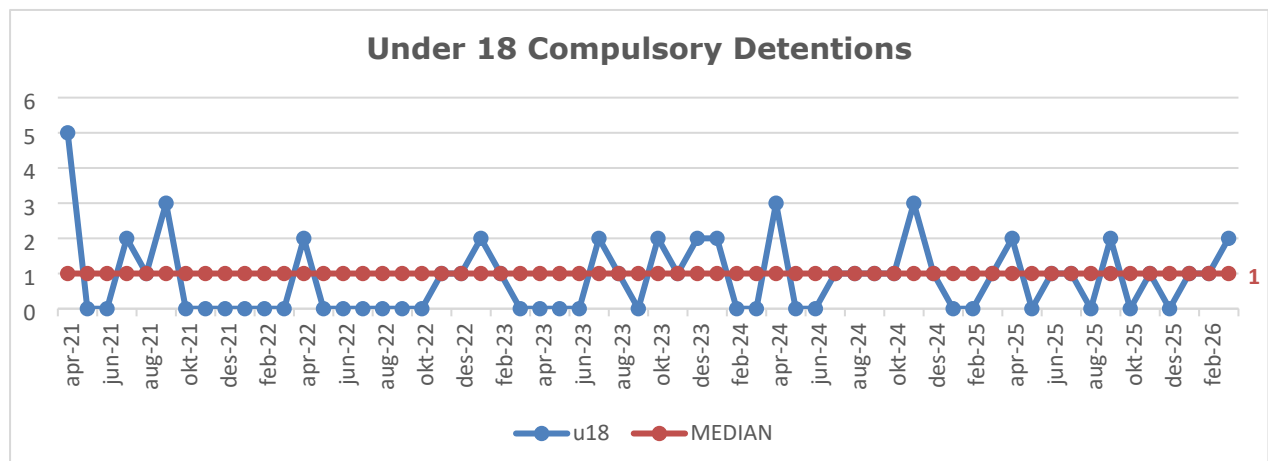


3.1.5 Total Number of Under 18s Compulsory Admissions under the MHA 1983

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 increase of 3 in the number of detentions compared to the previous quarter.

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



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 March 2026

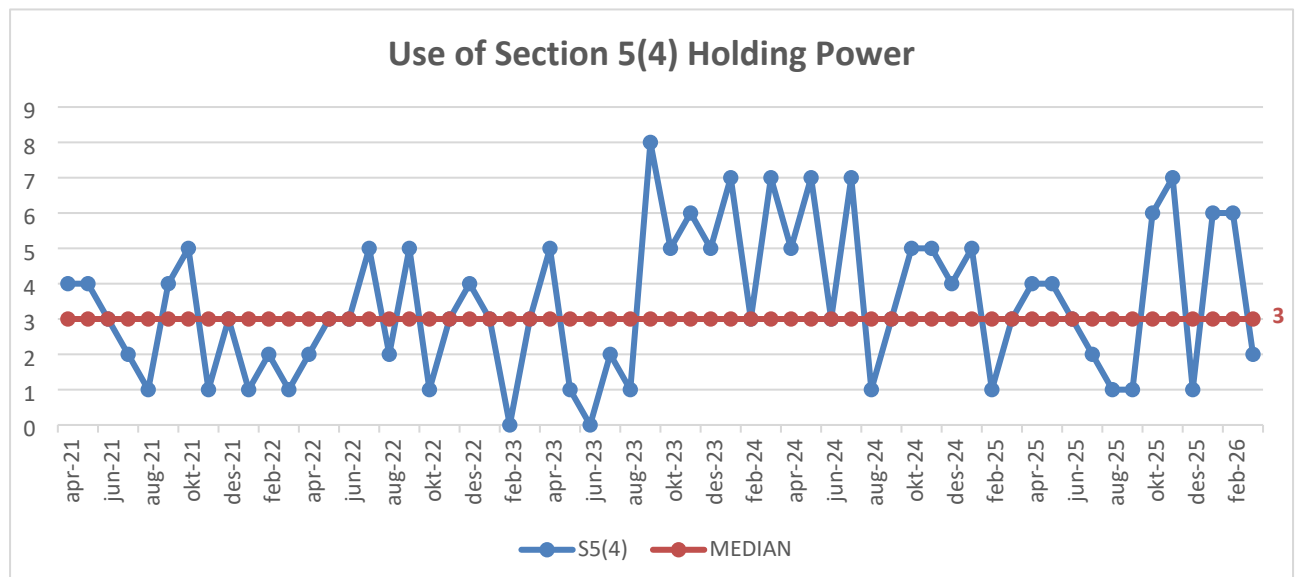
This section briefly highlights any trends noted in the use of the Mental Health Act.

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.

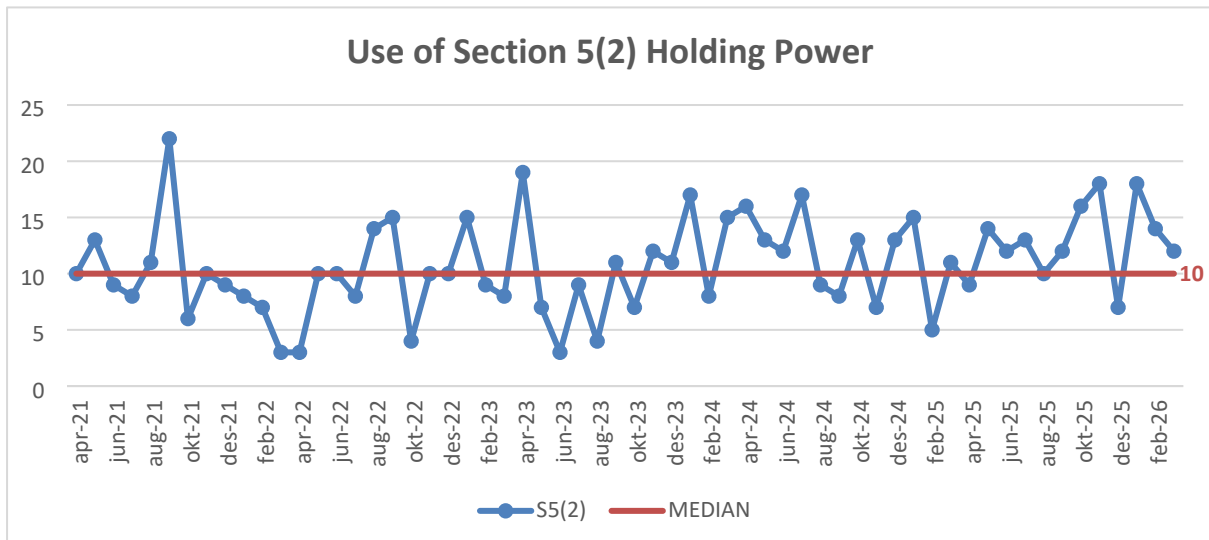
- There were 14 uses of this holding power over the quarter this is the same as the previous quarter, with outcomes as noted below:

Outcome	Total
Lapsed	5
Ended	0
Section 5(2)	8
Section 2	1
Section 3	0
Total	14



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.

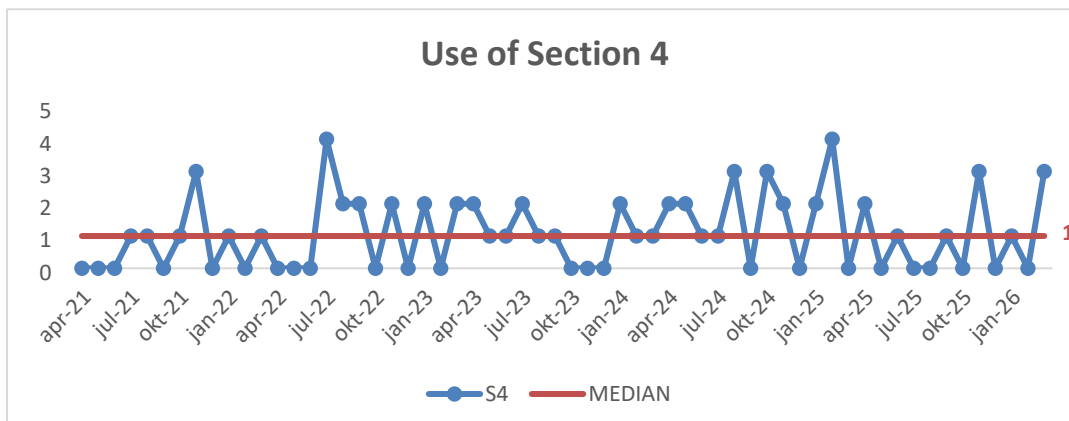
- There were 44 uses of this holding power over the quarter. This is a 7% increase compared to the previous quarter.
- 22 of these resulted in the patient being detained under section 2.
- 8 of these resulted in the patient being detained under section 3.
- 7 of these ended or lapsed without further detention under the MHA.



3.2.2 Section 4 – Admission for Emergency

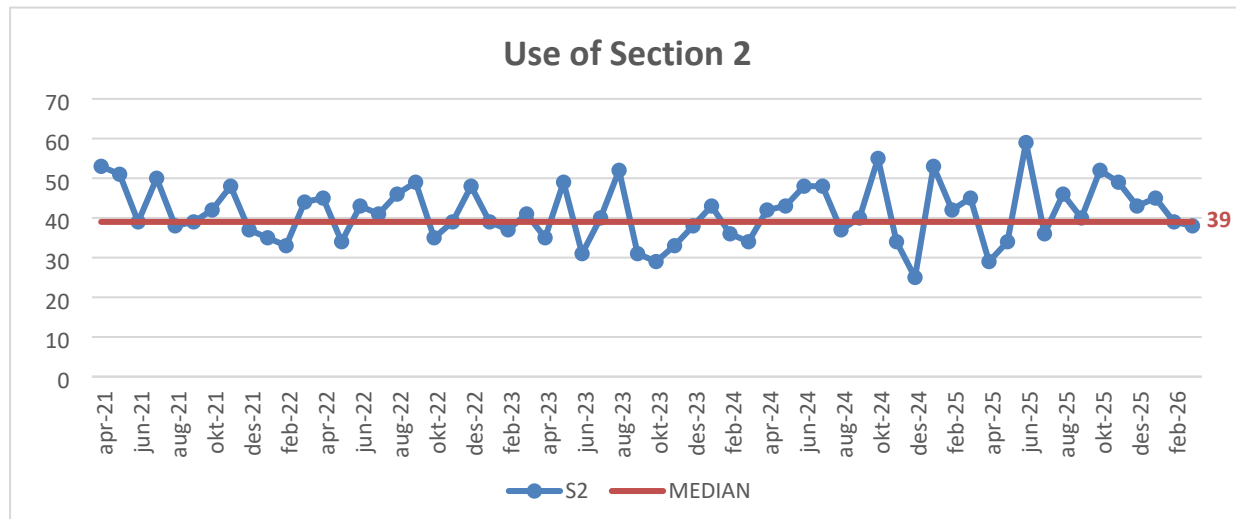
The use of section 4 can be made on the basis of a single medical recommendation supported by the AMHP application and is used when admission to hospital is urgent and it would be unsafe to wait for a second medical recommendation for admission under section 2.

- Section 4 was used on 4 occasions during this quarter.
- All uses of section 4 this quarter were proportionate and reasonable in the circumstances.
- All the section 4 admissions were converted to section 2 within 24 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 124. Whilst there is some variance month to month and quarter to quarter, the use of section 2 is consistently within expected controls. This is a decrease of 18% in comparison to the previous quarter.
- These accounted for 52% of all detained admissions.
- 81 of these were in adult mental health services.
- 31 of these were in older adult mental health services.
- 8 of these were within a general hospital setting.
- 2 of these were within the learning disabilities service.

Outcome of Section 2, Q4 2025/26

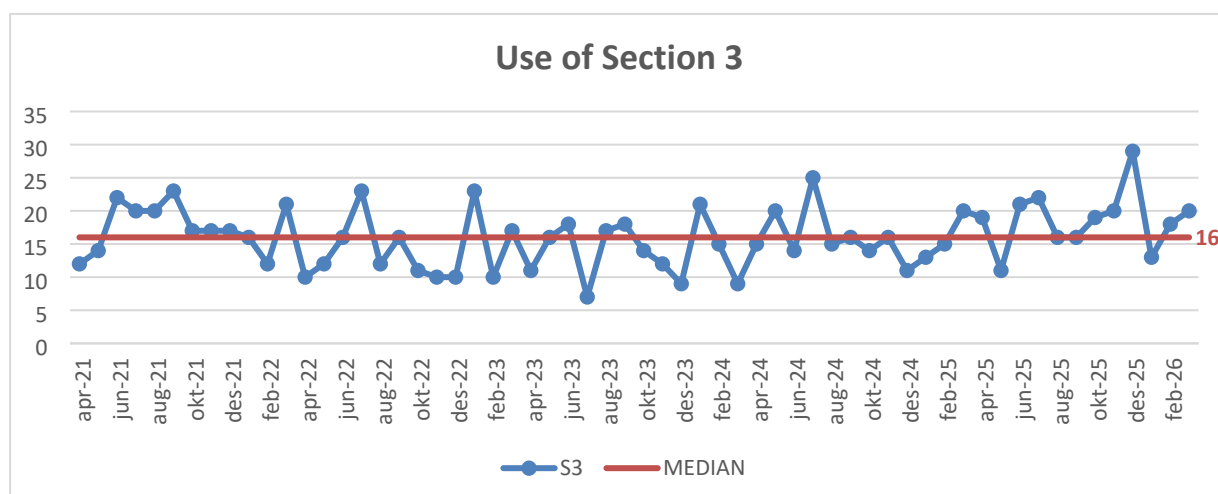
Outcome	Total
Expired	7
Regraded S3	30
Transferred	7
Deceased	0
Ended: 0-3 days	4
Ended: 4-14 days	25
Ended: 15-28 days	49
Total	122

- During this quarter 7 S2 detentions were allowed to lapse. It is considered poor practice to allow a section 2 to lapse 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 RCs as although not unlawful it is not regarded as good practice. This will also be raised at the next Consultant committee meeting.

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 slightly higher than the quarterly average (based on the past 5 years) of 48. 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 22% of all detained admissions. This is a decrease of 24% in comparison to the previous quarter.
- 35 were adult mental health services, 15 older adult mental health services and 1 learning disabilities service.

Outcome of Section 3, Q4 2025/26

Outcome	Total
Expired	0
Ended	24
Regraded-CTO	2
Renewed	0
Transferred	0
Deceased	0
Ongoing (as of 06/05/2026)	25
Total	51

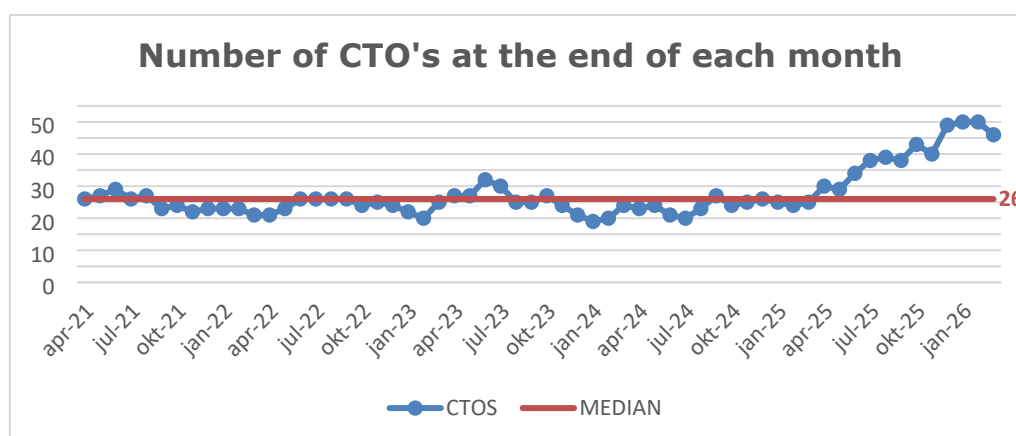
3.2.5 Renewal of In-patient Detentions under the MHA 1983

The table below shows that the number of renewals of inpatient detentions has decreased by 2 in comparison to the previous quarter.

Section	Q4 2024/25	Q1 2025/26	Q2 2025/26	Q3 2025/26	Q4 2025/26
Section 3 renewal	9	9	7	11	8
Section 37 renewal	1	1	0	0	1
Section 47 renewal	0	0	0	0	0
TOTAL	10	10	7	11	9

3.2.6 Section 17A – Community Treatment Orders

There were 46 Community Treatment Orders in place as at 31st March 2026.



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

Power	Q4 2024/25	Q1 2025/26	Q2 2025/26	Q3 2025/26	Q4 2025/26
CTOs made	6	15	12	21	11
CTOs extended	7	5	4	12	9
Recalled to hospital and not admitted	0	1	6	1	2
Recalled to hospital and revoked	5	4	4	5	9

Discharged from CTO	2	2	4	5	5
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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 no 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. Unlawful detentions have reduced to zero this period, which is a positive outcome. This improvement may reflect the impact of the MHA training that has been delivered.

	Q4 2024/25	Q1 2025/26	Q2 2025/26	Q3 2025/26	Q4 2025/26
Unlawful Detentions	1	3	2	1	0

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.

	Q4 2024/25	Q1 2025/26	Q2 2025/26	Q3 2025/26	Q4 2025/26
Failed Medical Scrutiny	2	1	0	2	4

3.3.3 Rectifiable Errors on Documents

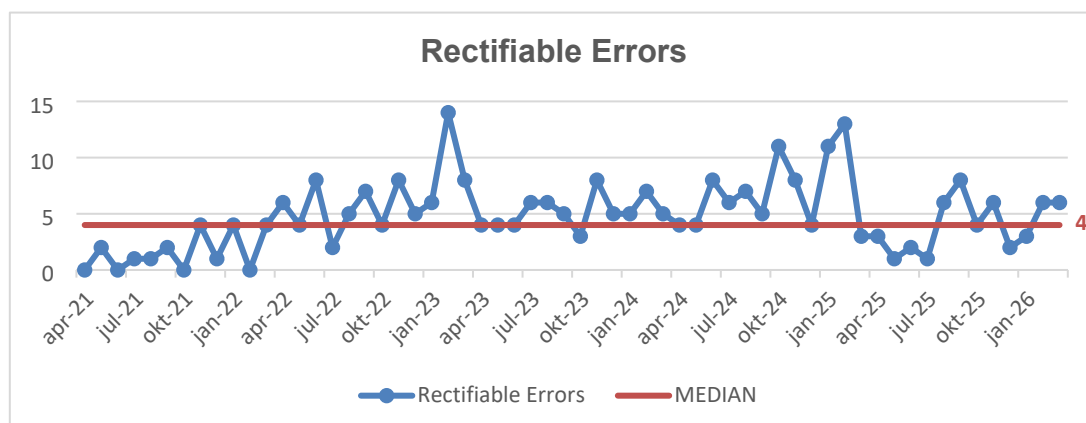
Rectifiable errors are considered a 'slip of a pen'. Section 15 of the Mental Health Act allows for any documents containing rectifiable errors to be amended by the professional who completed the form within 14 days of the date the person was admitted onto a section. Common rectifiable errors include 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 an increase in the number of rectifiable errors this quarter, with ongoing training around the receipt and scrutiny of MHA documentation. The MHA Administration Department are currently conducting training sessions around this with attendance being closely monitored to ensure all staff attend the training.

Of the 15 rectifiable errors recorded during the quarter

- 13 required amendments to the HO14 including amendments to the spelling of the hospital name, the spelling of the patient’s name, date and time of section and amendments to the section of the HO14 which records whether the patient is an inpatient or outpatient of the hospital.
- 2 required further information on the medical recommendation forms

	Q4 2024/25	Q1 2025/26	Q2 2025/26	Q3 2025/26	Q4 2025/26
Rectifiable errors on document	27	6	15	10	15



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.

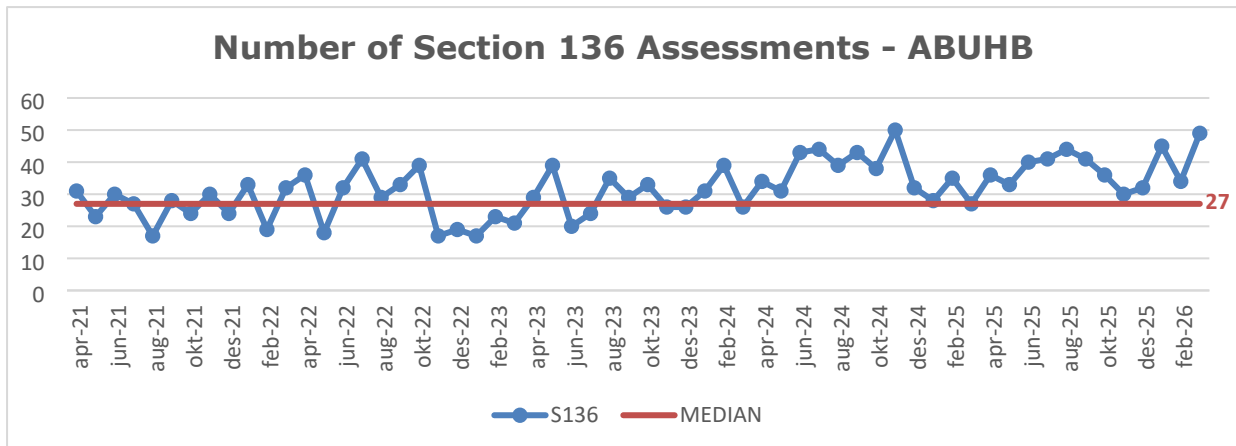
- There are data completeness issues for section 135 data. The MHA Administration department has confirmed that the above data is not complete and has been unable to capture the true activity information for the data periods due to not receiving all copies of executed Section 135 warrants. There are 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	Q4 2024/25	Q1 2024/25	Q2 2025/26	Q3 2025/26	Q4 2025/26
Assessed and admitted informally	0	0	0	0	0
Assessed and discharged	0	1	0	0	0
Assessed and detained under Section 2	5	1	3	3	0
Assessed and detained under Section 3	1	1	0	0	0
Assessed and CTO Revoked	1	0	0	0	0
Other	0	0	0	0	0
Total	7	3	3	3	0

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.

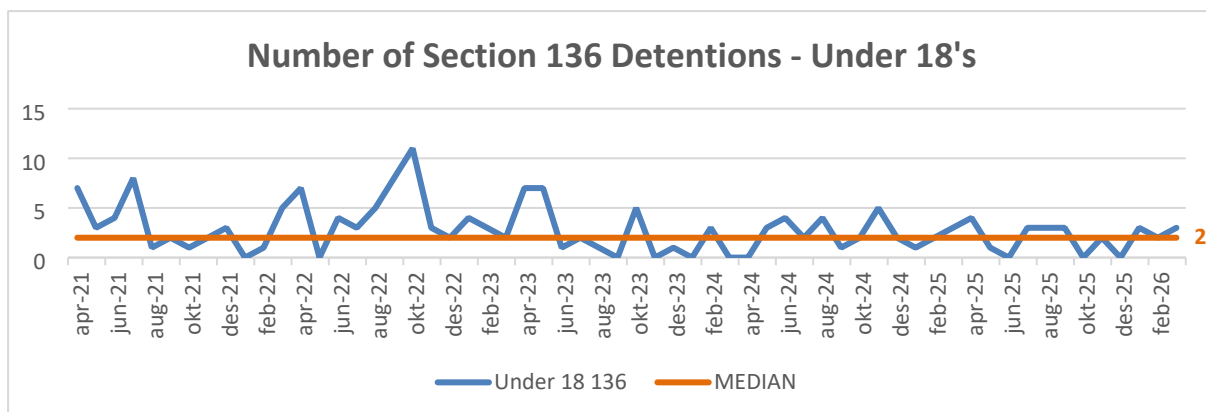


- A total number of 128 assessments took place in quarter 4. This is a 31% increase on the previous quarter, although as shown below Q3 was low in comparison to Q2. As described previously there is an ongoing upward trend.

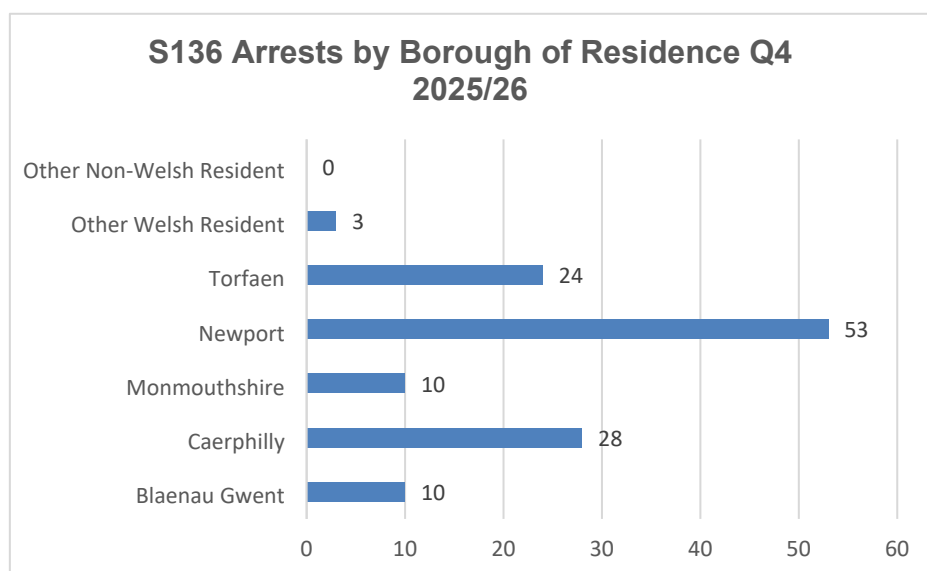
A breakdown of the outcome of 136 assessments is shown in the table below.

Section 136 of the MHA	Q4 2024/25	Q1 2025/26	Q2 2025/26	Q3 2025/26	Q4 2025/26
Assessed and admitted informally	11	14	26	7	25
Assessed and detained under Section 2	16	26	33	35	26
Assessed and detained under Section 3	2	1	0	2	1
Assessed and detained under Section 4	0	0	0	0	0
Discharged – no follow-up required	23	32	25	28	21
Assessed and Recalled under CTO	0	0	0	0	0
Discharged – with follow-up plan	38	36	40	24	55
Section 136 lapsed	0	0	2	2	0
TOTAL	90	109	126	98	128

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 had higher demand than other boroughs, together accounting for 41% of all assessments.



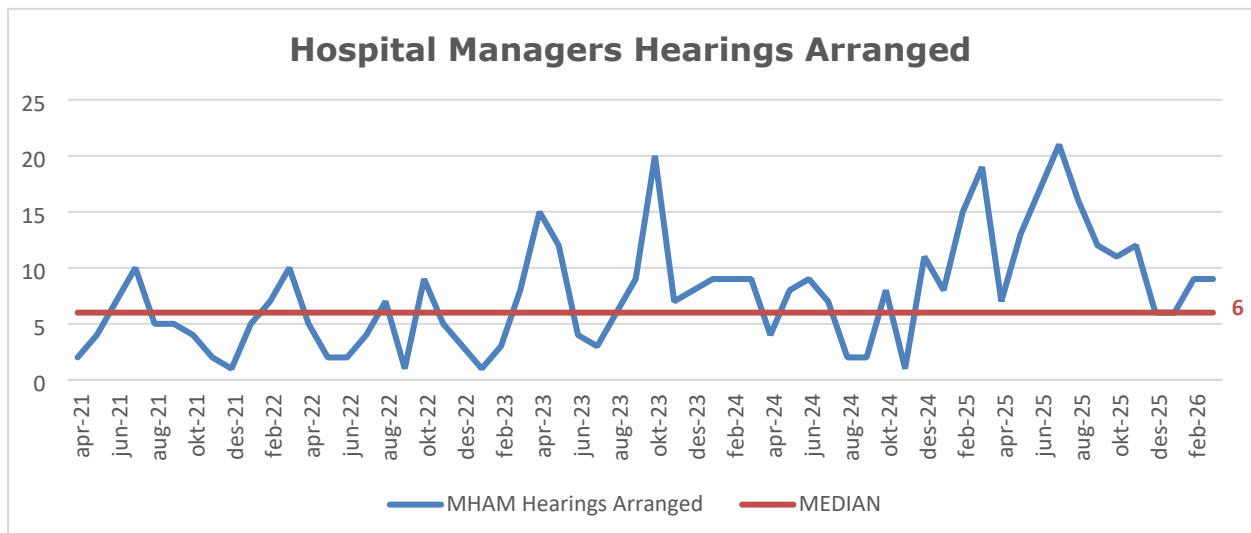
A breakdown of all 128 events shows that the majority of patients were female patients; alcohol and/or drugs being a related factor in 34% of all cases; 6% of cases were under the age of 18yrs. No assessments were undertaken at a police station.

Section 136 of the MHA	Q4 2024/25	Q1 2025/26	Q2 2025/26	Q3 2025/26	Q4 2025/26
TOTAL	N=90	N=109	N=126	N=98	N=128
Gender:					
% Male	56%	46%	40%	57%	45%
% Female	44%	48%	59%	42%	53%
% Other	-	6%	1%	1%	2%
Place of Safety:					
% Hospital	100%	99%	100%	100%	100%
% Police Station	0%	1%	0%	0%	0%

% Under 18 Years	7%	5%	7%	2%	6%
Use of Illicit Substances:					
% Alcohol	24%	21%	14%	24%	20%
% Drugs	9%	12%	14%	4%	6%
% Both Alcohol and Drugs	4%	5%	3%	8%	7%
Where Assessment took place:					
% Hospital	100%	100%	98%	98%	100%
% Police Station	0%	0%	0%	0%	0%
12 Hour extension required /granted	2%	3%	1%	1%	0%

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.



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

Hospital Manager Hearings	Q4 2024/25	Q1 2025/26	Q2 2025/26	Q3 2025/26	Q4 2025/26
Applications by patient – Inpatient	0	0	0	0	0
Applications by patient – CTO	0	0	0	0	0

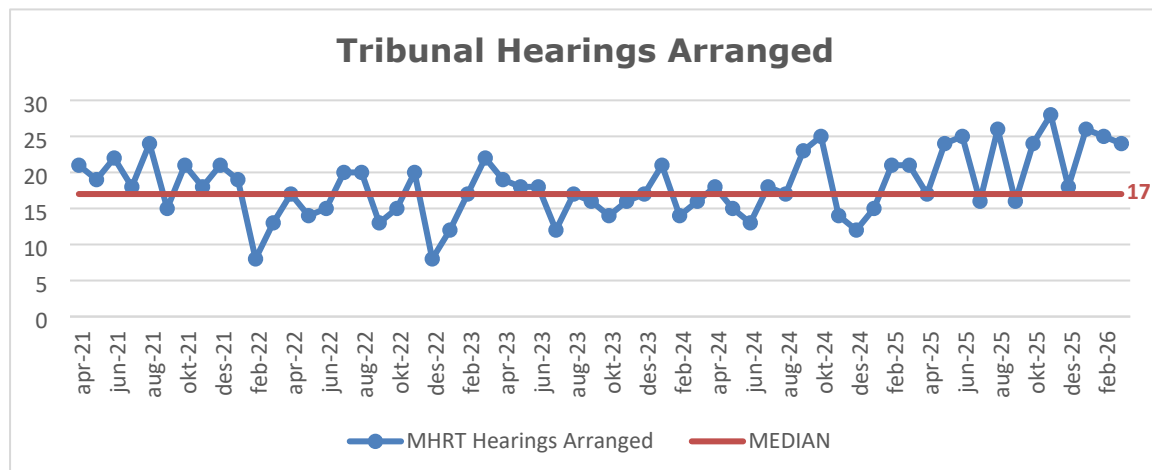
Renewal Hearing Applications – Inpatient	21	20	22	21	22
Renewal Hearing Applications – CTO	12	4	17	15	20
Barring Hearings	1	0	0	0	0
Hearing cancelled before being heard	15	20	17	11	16
Hearing held - Patient Discharged by Hospital Managers	0	0	0	0	0
Hearing held – Section continued	0	17	32	17	8

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 7% increase in the number of hearings arranged in Q4 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	Q4 2024/25	Q1 2025/26	Q2 2025/26	Q3 2025/26	Q4 2025/26
Applications by patient – Inpatient	46	46	50	52	44
Applications by patient – CTO	3	4	3	4	3
Renewal Hearing Applications – Inpatient	7	8	6	14	11
Renewal Hearing Applications – CTO	2	3	0	4	5
Referral by MOJ	3	3	1	0	0
Referral by Welsh Ministers	1	0	5	0	4
Outcomes: Hearing Cancelled before being heard	23	29	34	30	39
Outcomes: Patient Discharged by MHRT	4	4	3	7	5
Outcomes: Section Continued	30	33	21	33	31

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**
Section 47/49 **restrictions) (*medication can be given*)**

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
Section 48/49**

Transfer of other prisoners (including with 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 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.

DYDDIAD Y CYFARFOD: DATE OF MEETING:	29 June 2026
CYFARFOD O: MEETING OF:	Mental Health and Learning Disabilities Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	MH Services Performance & Outcomes Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Leanne Watkins, Chief Operating Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Leanne Watkins, Chief Operating Officer

**Pwrpas yr Adroddiad
Purpose of the Report**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The Mental Health Services Performance and Outcomes Report is presented to the Committee to provide oversight of performance across both Adult Mental Health and CAMHS services.

In addition, the report includes updates requested by the Committee on the performance of the 111 *Press 2* service, as well as neurodevelopmental (ND) performance within CAMHS.

Cefndir / Background

It is important to update the Committee on these services to maintain clear oversight of performance, demand, and patient outcomes across key mental health pathways.

Regular updates provide visibility of risks and pressures, support informed decision-making, and ensure appropriate oversight of improvements in access, quality, and patient experience across Adult, CAMHS, 111 *Press 2*, and neurodevelopmental services.

Asesiad / Assessment

The report provides updates on the performance and outcomes of key mental health pathways and addresses specific Committee requests relating to the 111 Dashboard and CAMHS neurodevelopment services.

The Committee may also wish to explore with Divisional representatives the work underway within Adult Mental Health Psychological Therapies, and the CAMHS ND service which has faced sustained pressure in 2025/26.

Argymhelliad / Recommendation

The Committee is asked to receive the report for **ASSURANCE**, with further detail to be explored during the meeting.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Specific risks have been identified in areas of the services experiencing ongoing challenges.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	2. Safe Care 2.7 Safeguarding Children and Safeguarding Adults at Risk 3. Effective Care 3.1 Safe and Clinically Effective Care
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item.
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	Improve the access, experience and outcomes of those who require mental health and learning disability services Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	

Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	

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

MH&LD Committee

MH Services Performance & Outcomes Report June 2026





Sections:

- Adult Mental Health Dashboard
- #111 Press 2 Dashboard
- CAMHs Dashboard
- Neurodevelopmental Dashboard
- Appendices – Run Chart Guide & Rules



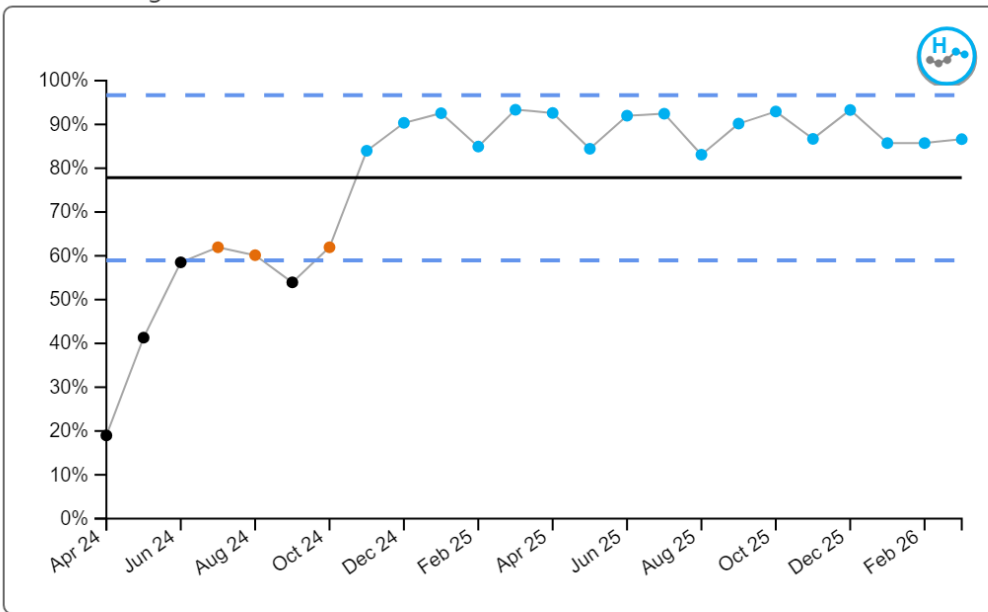
Mental Health

Measure: Maintain Adults Part 1a to national target (assessment completed within 28 days)

Performance: 86.6% (March 2026)

Trajectory: 80.0% (March 2026)

National target: 80.0%

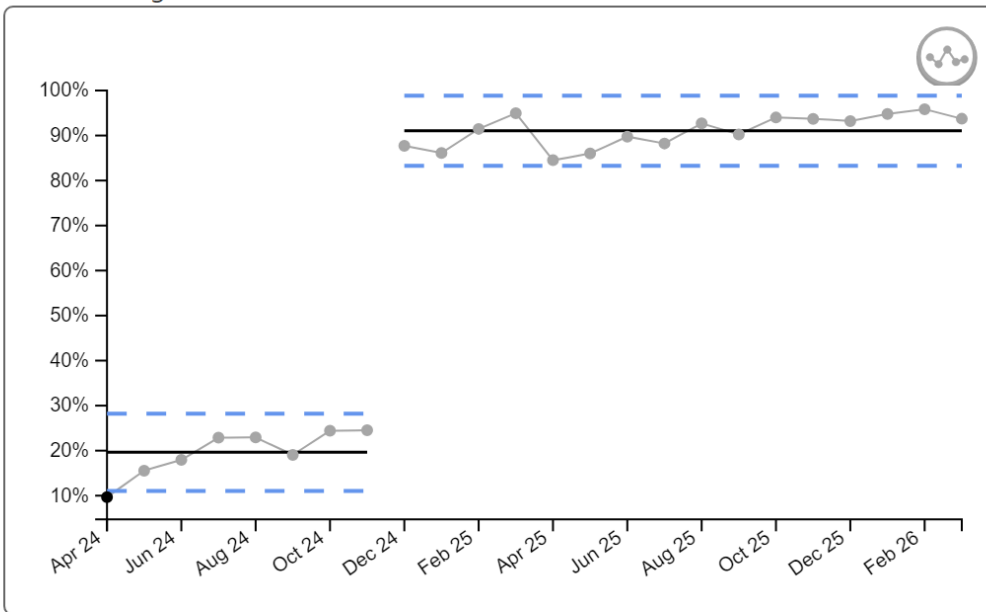


Measure: Maintain Adults Part 1b to national target (interventions completed within 28 days)

Performance: 93.7% (March 2026)

Trajectory: 80.0% (March 2026)

National target: 80.0%



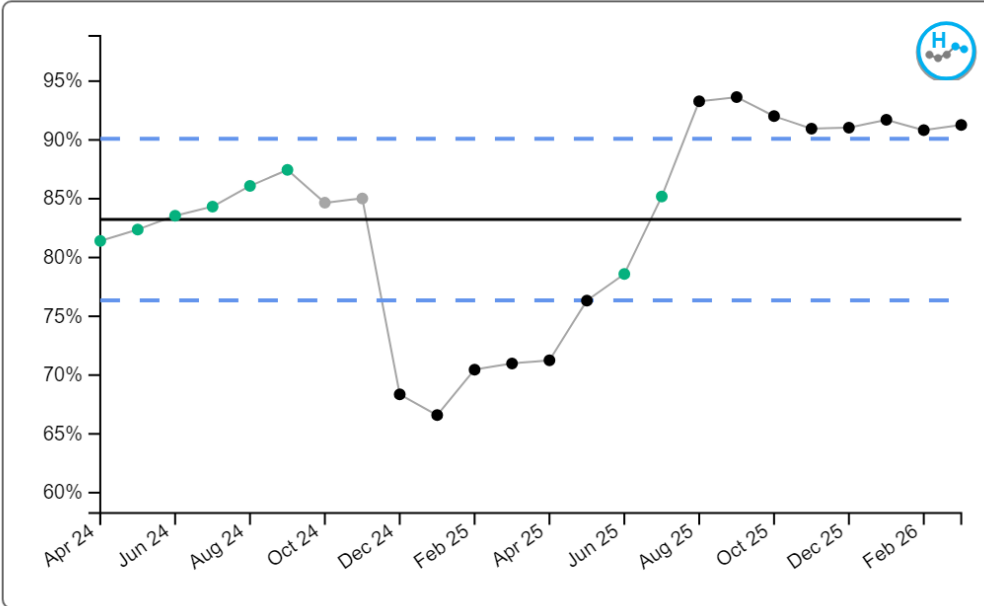
Insights and Actions

- Adults 1a & 1b: There are no issues with performance for these measures, with the service managing to balance both demand and capacity to ensure continued compliance with the national standard through the entirety of 2025/26. The SPC chart for Part 1b has had a process break inserted from December 2024 to reflect the change in performance since this time, following the extensive data cleansing work and service improvements that were delivered.

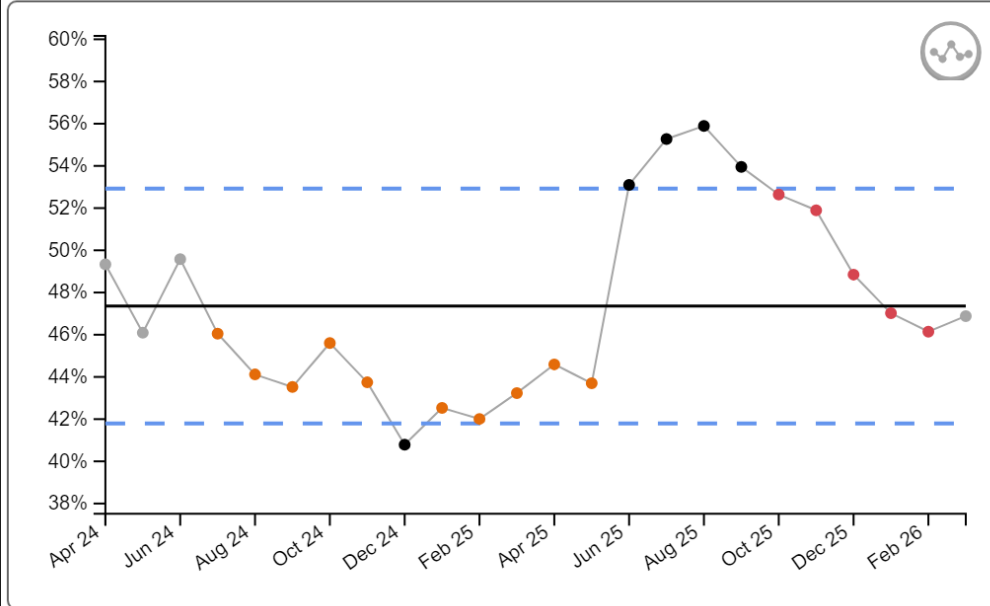


Mental Health

Measure: Maintain Adults Part 2 rates (number of individuals with a valid care and treatment plan)
 Performance: 91.3% (March 2026)
 Trajectory: 90.0% (March 2026)
 National target: 90.0%



Measure: Maintain rate of psychological therapy received within 26 weeks
 Performance: 46.9% (March 2026)
 Trajectory: 60.0% (March 2026)
 National target: 80.0%



Insights and Actions

- Adults Part 2: Part 2 performance has delivered against IMTP trajectory through 25/26 to date, with compliance exceeding the IMTP trajectory since July and the national standard of 90% since August. Data cleansing remains in progress, however the volume of new Care and Treatment Plans (CTPs) and discharges from CTPs is expected to stabilise.
- Psychological Therapies: Performance has trended downwards over the past 6 months. A revised Divisional recovery plan has been developed to support the 26/27 trajectory, which aims to improve performance to 62% by the end of the year. Dashboards are now in place for all adult teams, and booking process mapping has been completed with the future state process under development. There remain some data discrepancies due to historical incorrect use of diaries and appointment reference data, which are being worked through by the services to resolve. There is also continued work on resolving the RTT clock issue being experienced within the Electronic Patient Record (EPR) in Mental Health, which is negatively affecting performance; true March performance is indicated at ~54%. The Division are liaising with Information Services to ensure this is resolved.



Mental Health – 111 Dashboard – Q4

Calls Summary

Total Calls Since Implementation
129.41K

Average Total Calls Per Month
3.01K

Total Calls to Patient Line Since Implementation
117K

Total Calls to Professional Line Since Implementation
13K

Total Calls 2024
41.00K

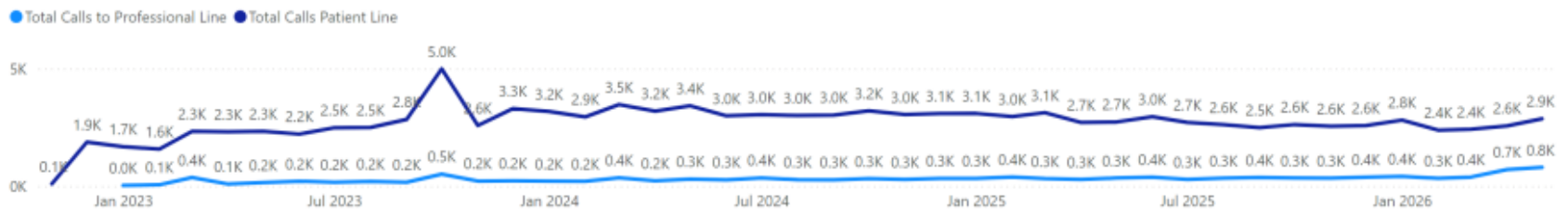
Total Calls 2025
37.23K

Total Calls 2026
15.68K

Total Calls



Total Calls Patient/Professional Line



Total Calls Answered < 1 Minute

77%

Patient Calls Answered < 1 Minute

76%

Professional Calls Answered < 1 Minute

89%

Calls Summary Quarter

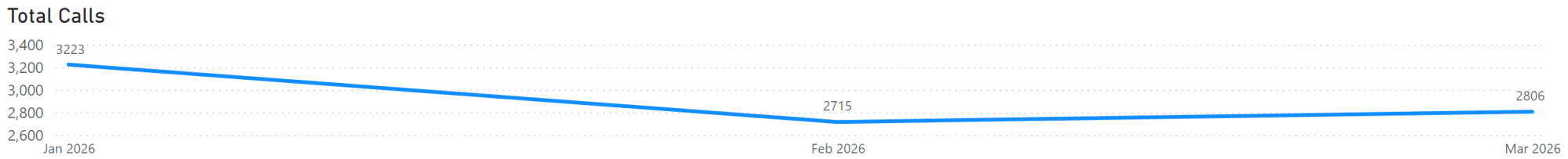
Total Calls During Timeframe
8.74K

Average Total Calls Per Month Timeframe
2.91K

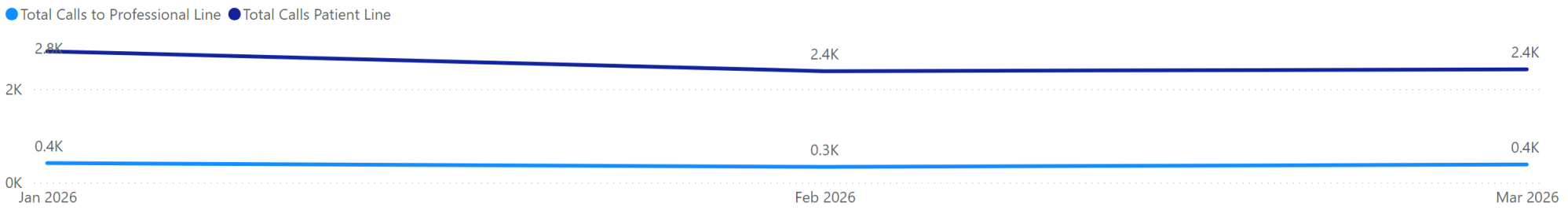
Total Calls to Patient Line Timeframe
8K

Total Calls to Professional Line Timeframe
1K

Total Calls Timeframe
8.74K



Total Calls Patient/Professional Line



Total Calls Answered < 1 Minute
68%

Patient Calls Answered < 1 Minute
66%

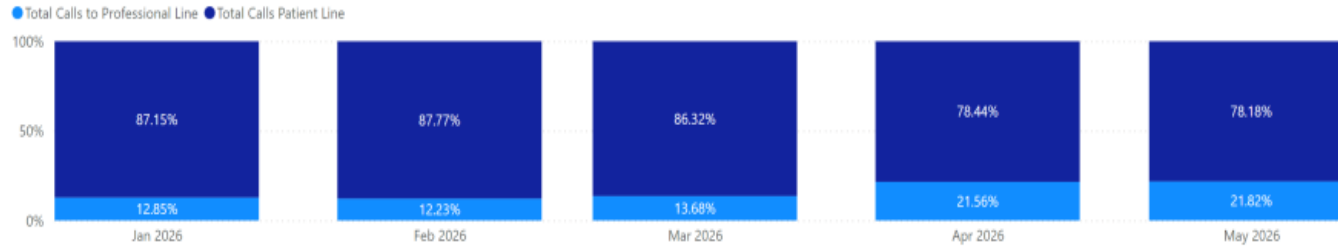
Professional Calls Answered < 1 Minute
85%

Average Waited Time Patient Line
6

Average Waited Time Professional Line
2

Professional Line – 2026 Monitoring

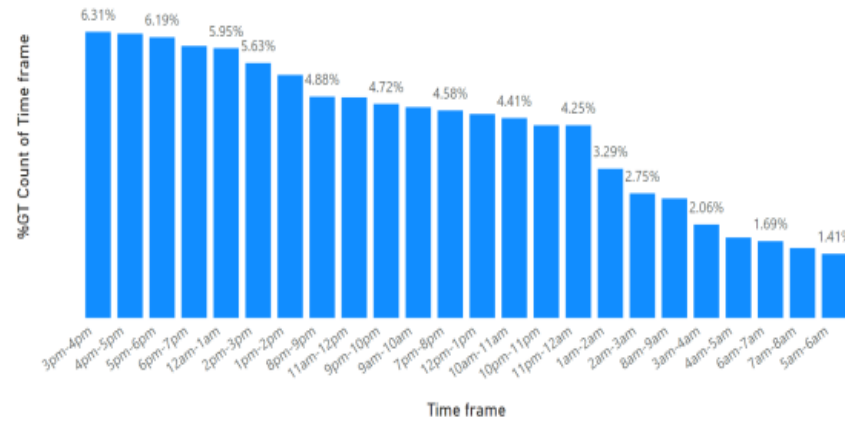
Total Calls Patient/Professional Line



Total Calls Patient/Professional Line



%GT Count of Time frame by Time frame



Max Overall Prof Wait Time

104

Max Prof Wait Time Pilot

87

- **Percentage shift in Professional Calls** to an average of 20% of call volumes since implementation of the pilot.
- **Max Professional Wait Time reduced** since implementation of the pilot in comparison to pre pilot data.

Professional Line – 2026 Monitoring

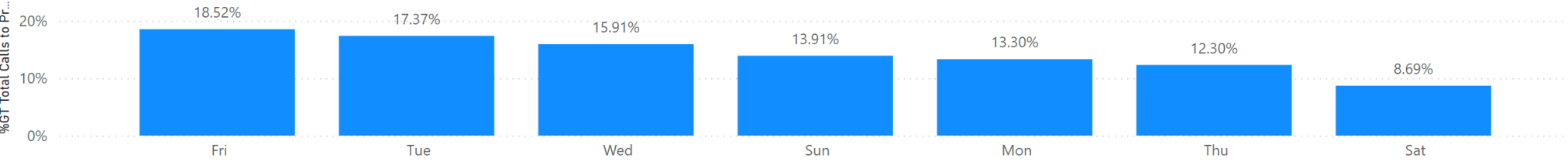
Total Calls by Day and Timeframe

Day (groups)	A.7am-9am	B.9am-11am	C.11am-1pm	D.1pm-3pm	E.3pm-5pm	F.5pm-7pm	G.7pm-9pm	H.9pm-11pm	I.11pm-1am	J.1am-3am	K.3am-5am	L.5am-7am
A.Mon	12	21	20	21	32	18	13	11	9	7	3	6
B.Tue	8	44	47	22	30	24	11	15	9	7	3	6
C.Wed	4	28	42	28	34	13	14	11	6	10	15	2
D.Thu	8	31	29	31	14	18	10	4	4	8	2	1
E.Fri	8	19	44	29	42	32	19	17	13	4	10	4
F.Sat	6	8	8	9	8	6	17	18	14	8	3	8
G.Sun	8	15	8	15	23	17	12	25	19	20	14	5
Total	54	166	198	155	183	128	96	101	74	64	50	32

Total Calls by Day and Timeframe

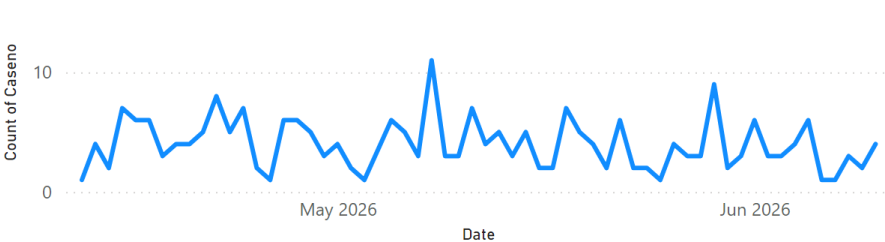
A.7am-9am	B.9am-11am	C.11am-1pm	D.1pm-3pm	E.3pm-5pm	F.5pm-7pm	G.7pm-9pm	H.9pm-11pm	I.11pm-1am	J.1am-3am	K.3am-5am	L.5am-7am	Total
54	166	198	155	183	128	96	101	74	64	50	32	1301

%GT Total Calls to Professional Line by Day

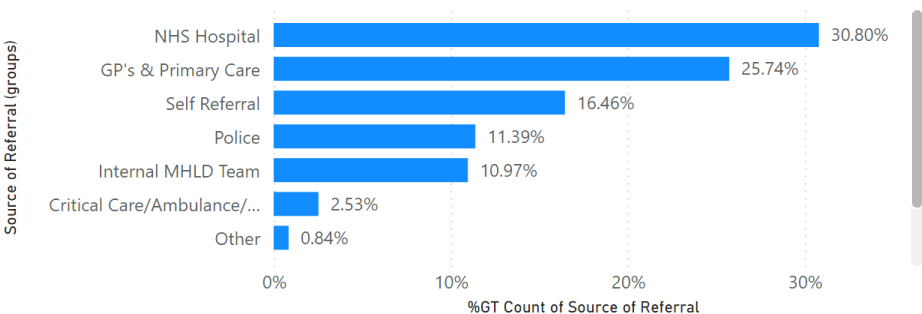


ICAUT – 2026 Monitoring

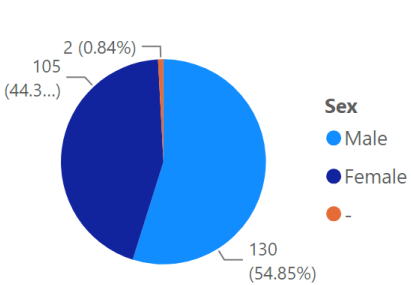
ICAUT Referrals



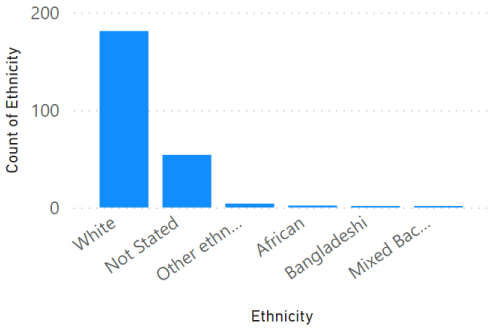
Referral Source



Count of Sex by Sex



Count of Ethnicity by Ethnicity

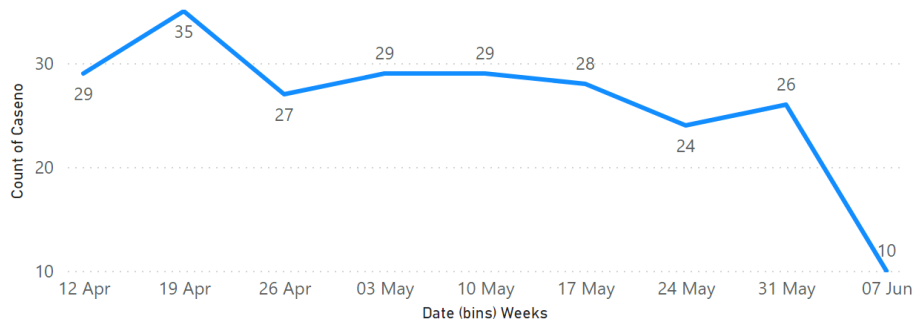


Count of GP Cluster by GP Cluster

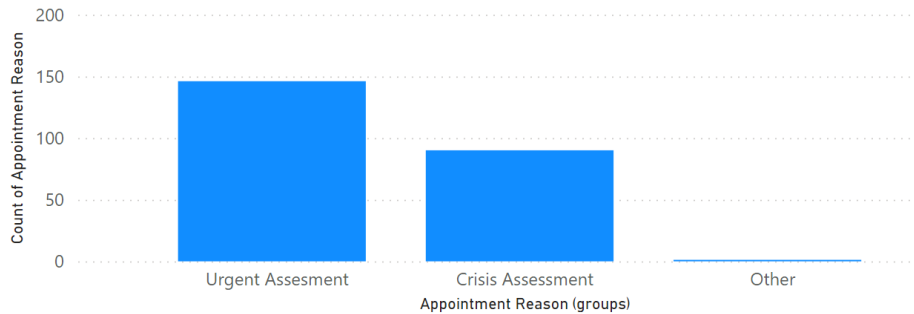


ICAUT – 2026 Monitoring

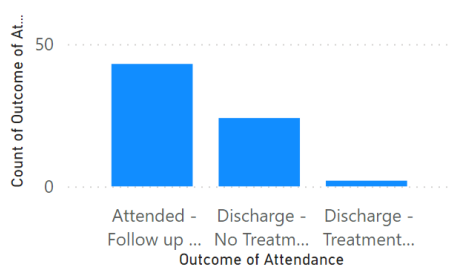
Appointments in ICAUT



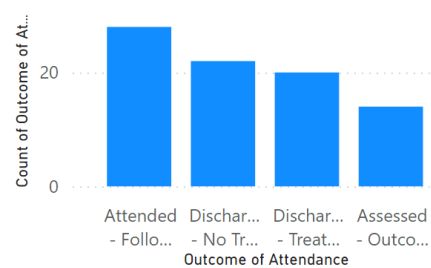
Appointment Reason



Outcome for Urgent Assessment



Outcome of Crisis Assessment



Overall Appointment Cancellations			
9	5	13	
Cancelled	CNA	DNA	
Crisis Appointments Booked		Crisis Assessments Attended	
89		84	
Appointments		Appointments	
Urgent Appointments Booked		Urgent Assessments Attended	
94		69	
Appointments		Appointments	

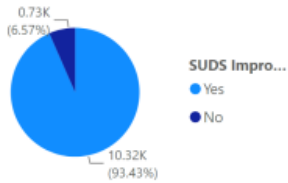
Appointment by GP Cluster



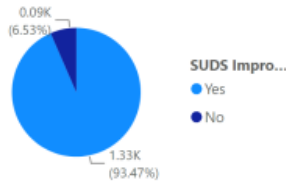
SUDS Initial Analysis

The **SUDS score** (Subjective Units of Distress Scale) is a clinical tool used in mental health to measure the intensity of a person's anxiety, emotional distress, or discomfort in real-time. Typically ranging from 0 to 10.

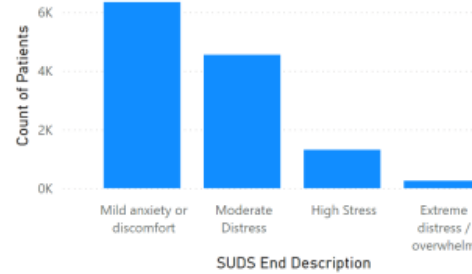
SUDS Improvement Pre Pilot



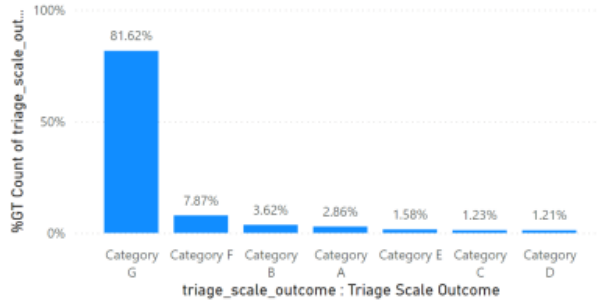
SUDS Improvement Post Pilot



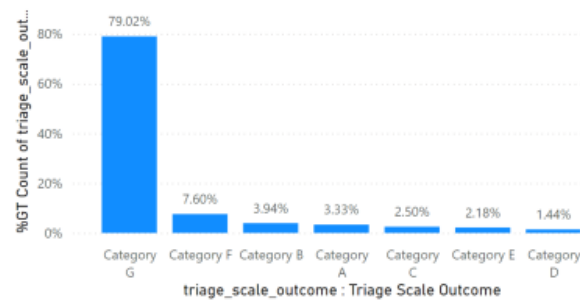
SUDS Description End Call



Triage Scale Call Outcomes Pre Pilot



Triage Scale Call Outcomes After Pilot



- **Consistently high impact:** Over 93% of contacts that completed SUDS scores show reduced distress, sustained before and after implementation.
- **Improved end-of-call outcomes:** Most patients finish at mild anxiety or moderate distress, with few at high levels.

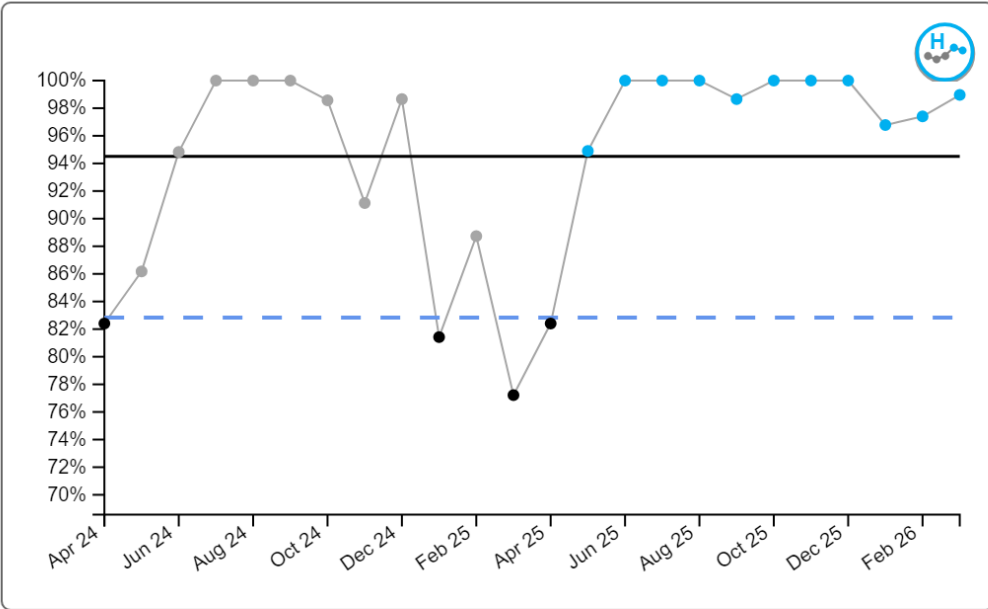


CAMHs

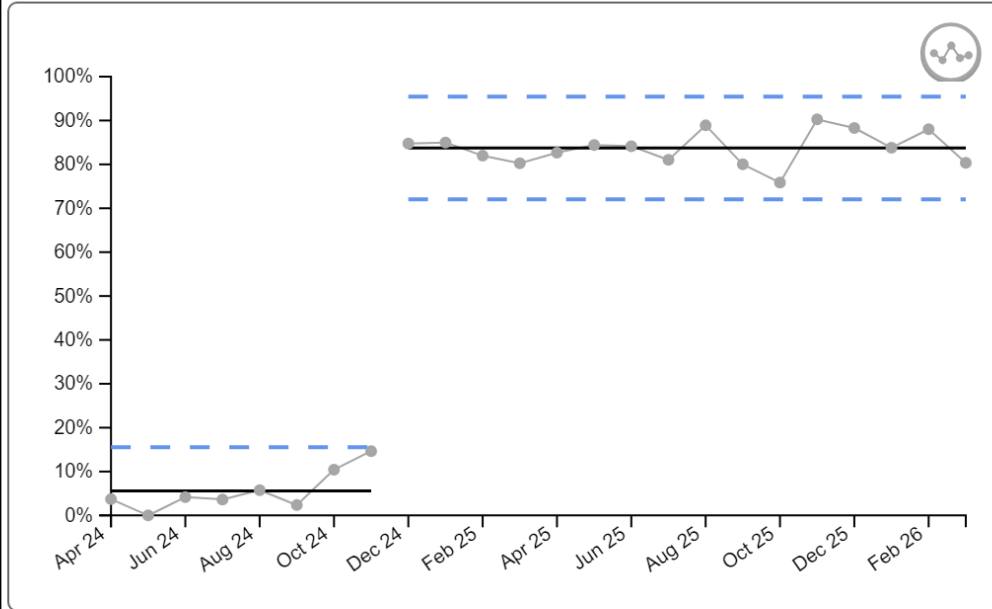


Mental Health - CAMHS

Measure: Maintain CAMHS Part 1a national target compliance (assessment completed within 28 days)
 Performance: 99.0% (March 2026)
 Trajectory: 80.0% (March 2026)
 National target: 80.0%



Measure: Maintain CAMHS Part 1b national target compliance (intervention completed within 28 days)
 Performance: 80.4% (March 2026)
 Trajectory: 80.0% (March 2026)
 National target: 80.0%



Insights and Actions

- CAMHS 1a & 1b: Like with Adults, there are no issues with performance for these measures, with the service managing to balance both demand and capacity to ensure continued compliance with the national standard, with 1a having met the national standard for the entirety of 2025/26. There was a decrease in October performance to below the national standard in 1b, however this was the result of a data entry issue that adversely affected performance. In response, the Division provided education and training to the clinical staff these errors related, to mitigate future repetition, and have been compliant in the proceeding five months. The SPC chart for Part 1b has had a process break inserted from December 2024 to reflect the change in performance since this time, following the extensive data cleansing work and service improvements that were delivered.



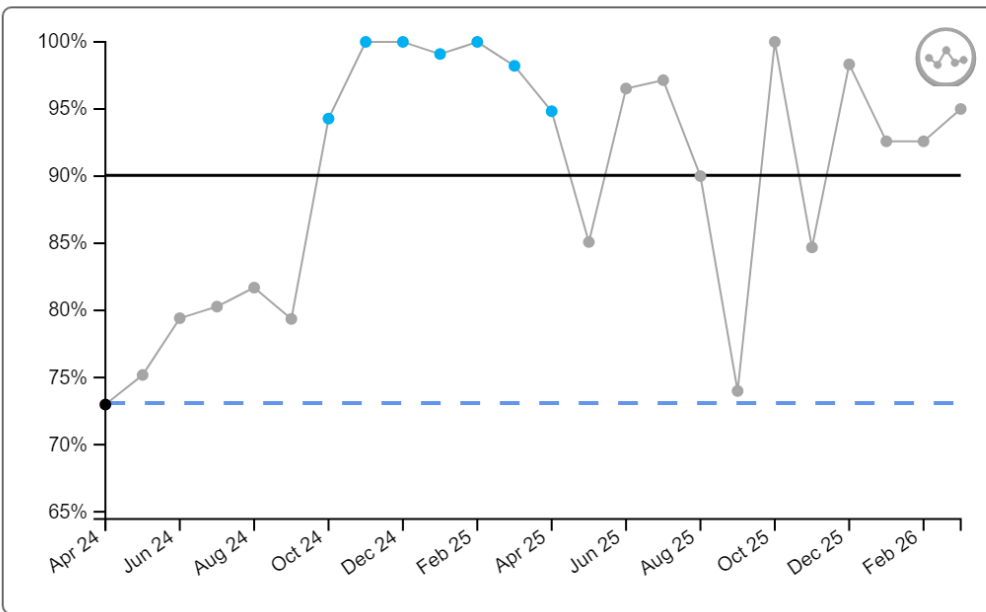
Mental Health - CAMHS

Measure: Maintain CAMHS Part 2 national target compliance

Performance: 95.0% (March 2026)

Trajectory: 90.0% (March 2026)

National target: 90.0%

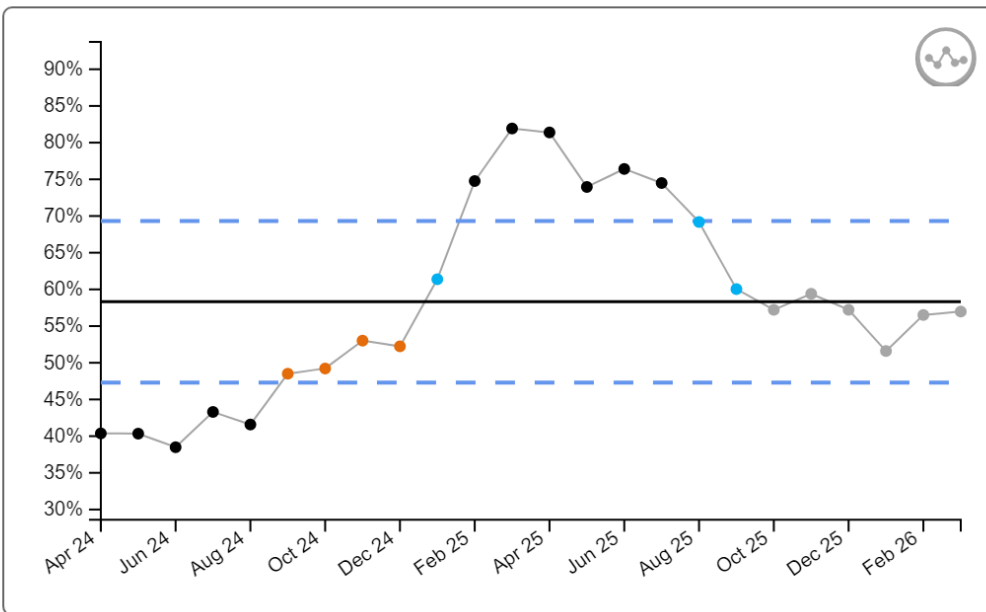


Measure: Improvement in Neurodevelopment waiting times compliance

Performance: 57.0% (March 2026)

Trajectory: 80.0% (March 2026)

National target: 80.0%



Insights and Actions

- CAMHS Part 2: There have been some issues which impacted performance over the past few months. These arose from ongoing non-compliance with CTP processes, including clinicians failing to upload plans, using incorrect dates, and missing mandatory timeframes despite repeated reminders and training. Some data errors are now being corrected through audit, and a designated CTP lead has been put in place within the Division to drive improved accuracy and compliance going forward. Performance over the past four months has returned to exceeding the national standard.

- CAMHS ND: Performance remains challenged, having trended downwards through the first half of 25/26 and subsequently entering into a period of stability at ~57%. The service continues to face sustained pressure, with referral demand increasing and waiting lists growing. The service has consistently maintained the ministerial requirement of keeping the longest wait below 52 weeks, however this has negatively impacted the 26 week performance measure. Screening processes have strengthened, improving consistency in directing referrals to Universal, Targeted, or Specialist pathways. Projected activity for early 2026/27 demonstrates continued momentum in screening and assessments as the service moves toward fully embedding the Neurodiversity Early Support Hub (NESH) approach.



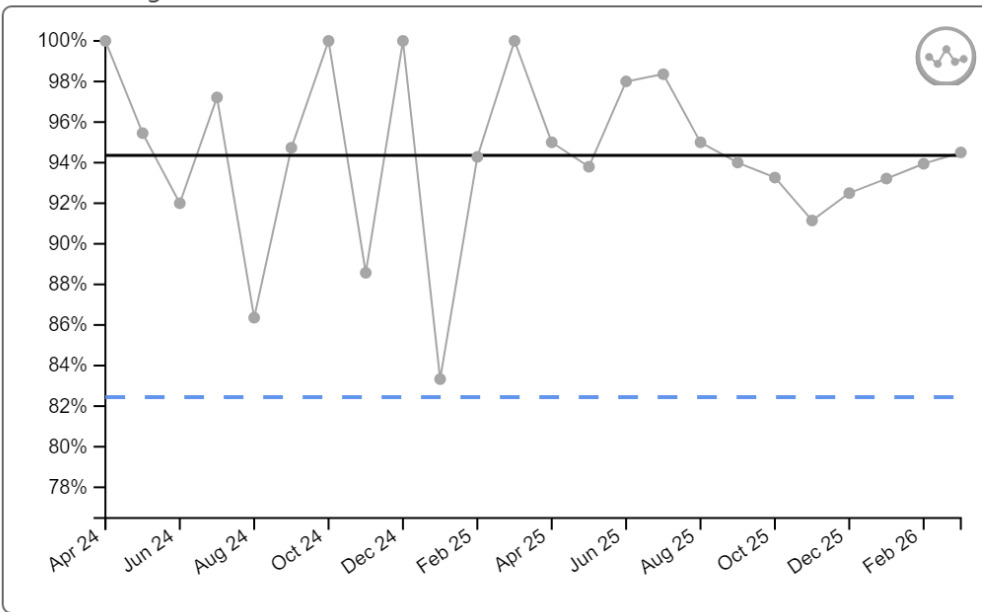
Mental Health – CAMHS

Measure: Maintain 80% compliance of SCAMHS Choice Assessments within 28 days from referral

Performance: 94.5% (March 2026)

Trajectory: 80.0% (March 2026)

National target: 80.0%



Insights and Actions

- Specialist CAMHS Choice Assessments: No issues, performance continues to track well above national standard of 80% despite decreases since July. The decreasing trend had been resultant from a reduction in capacity over the past few months, however, there has been an improvement in the past four months.



Neurodevelopmental Performance

Neurodiversity

Overview 25/26:

- During 2025/26, the ND Service experienced sustained pressure due to demand significantly exceeding capacity, with high referral rates and seasonal surges driving screening backlogs and growing waiting lists, particularly in the over-5s pathway.
- NDIP funding in 2025/26 maintained existing capacity but did not enable growth, with activity sustained through non-recurrent effort.
- RTT performance deteriorated, reflecting ongoing demand rather than legacy backlog.
- RIF funding (year 1) enabled recruitment of Band 7 Team Lead and Band 4 Support Worker to start needs-led approach
- While the under-5s pathway remained relatively stable, it is fragile and dependent on specialist MDT input. Overall, the service is operating at the limits of resilience, with increasing risks to waiting times, performance, and workforce sustainability without further investment.
- March 2026: ABUHB ND reported 56.05% RTT and had maintained weeks waiting under 52 weeks

Neurodiversity

As of 1st April 2026: Current Position and Challenge

The service currently holds a waiting list of approximately **1,850 children**, with **800 children waiting over 26 weeks**, placing RTT performance significantly below the 80% standard. Demand remains consistent, with approximately **80 new referrals per month**, while an estimated **150 children breach the 26-week standard each month** if not appointed.

Without sustained additional capacity, the service will continue to accumulate RTT breaches, increasing clinical risk, inequity of access, and pressure on staff and families.

Required Capacity to Stabilise and Recover

Modelling demonstrates that a **minimum treatment capacity of 250 children per month** is required to:

- Reduce the existing >26-week cohort
- Offset ongoing monthly breaches
- Absorb new referrals
- Deliver a sustained RTT recovery trajectory

At this level of capacity:

- The number of children waiting over 26 weeks reduces by approximately **100 per month**
- RTT performance improves steadily from ~58% to ~70% by September

Neuroaffirmative Model

Shift in approach: Moves from diagnosis-led, gatekeeping models to a **needs-led, neuroaffirmative and person-centred approach**, recognising neurodiversity as part of human variation.

Core principle: Support is not dependent on diagnosis—focus is on understanding lived experience, strengths, and unmet needs to deliver timely, proportionate support.

Practice model:

- Holistic profiling across sensory, communication, emotional safety, environment, and strengths
- Behaviour understood as communication, not compliance
- Relational, trauma-informed, and consent-based engagement

Referral & screening: Reframed from “meeting thresholds” to **matching response to need**, enabling earlier intervention, practical adjustments, and reduced escalation to crisis.

System responsibility: Emphasis on **services adapting to the individual**, improving equity, accessibility and experience across pathways.

Expected impact:

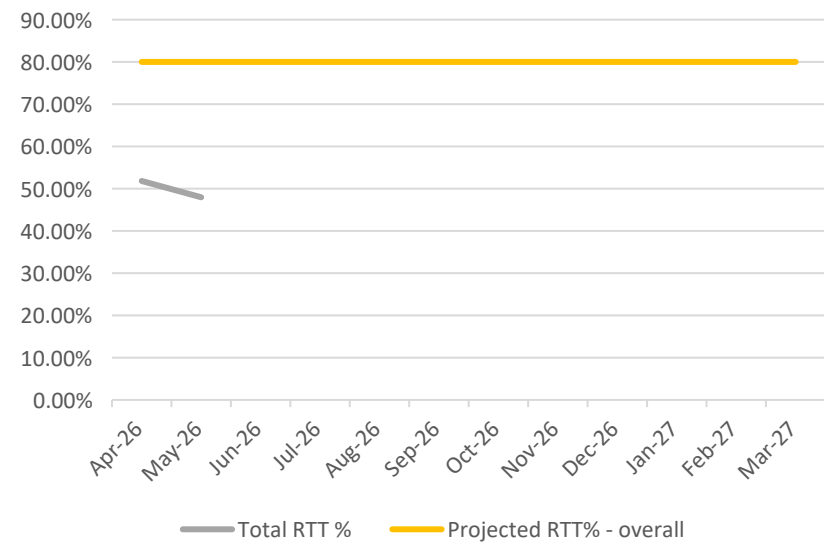
- Earlier identification of need and reduced distress
- More appropriate referrals and demand management
- Improved experience for children, families, and staff
- Reduced reliance on diagnostic pathways for accessing support

Overall aim: Deliver **timely, ethical, and sustainable ND support** by responding to “what the person needs now” rather than “which service they fit.”

ND Performance

	Total on waiting list	Total over 26 weeks	Total RTT %
Apr-26	1837	885	51.82%
May-26	1820	947	47.97%

0-18 RTT% vs projected RTT%



Neurodiversity

RTT Recovery Position & Required Model (2026/27)

RTT performance currently ~55%, forecast to deteriorate further without intervention, driven by sustained high demand (~100 referrals/month).

Backlog growth across pathways, with **Over-5s accounting for ~87% of breaches**.

Modelling confirms incremental increases (+10–20%) are insufficient to stabilise demand or recover performance.

Minimum requirement to achieve 80% RTT within 12 months:

Under-5s: capacity uplift from 18 → 36 clinics/month (+100%)

Over-5s: capacity uplift from 160 → 240 clinics/month (+50%)

Service transformation alongside capacity increase:

Divert **25–40% of referrals** to early help (needs-led, non-diagnostic support)

Shift **50% activity to group/early interventions**

Neurodiversity

Investment, Workforce & Delivery Risks

Funding & Priorities

- Funding secured across multiple programmes to support service delivery
- Focus on:
 - Stabilising the existing workforce
 - Expanding capacity through additional staffing
 - Supporting extended hours and use of digital/innovation tools

Workforce Requirements

- Additional clinical, support, and administrative capacity required to deliver recovery and meet demand

Key Risks

- Continued growth in backlog (particularly longer wait cohorts)
- Limited resilience in some service areas (e.g. younger age groups)
- Challenges with recruitment, retention, and workforce stability

Mitigation Approach

- Prioritise longest waiters while managing new demand
- Strengthen MDT working and skill-mix
- Implement regular performance oversight and enhanced tracking tools

Neurodiversity

Bottlenecks:

- Volume of referrals
- Community Paediatric capacity: need to complete ND assessment for children aged under 5 years
- Referrals requesting co-morbid ASD / ADHD when already has a diagnosis

Innovative Work:

- Use of MS Lists to support with automated download of referrals submitted via MS Forms and requesting additional information
- Pilot of Chronos AI tool to support with 300 referrals
- Evaluation work to be completed for profiling tool
- Clinician working with CAMHS referrals, review referrals
- Promoting joint working across services instead of adding child to waiting list

Neurodiversity

Workforce Requirement

To deliver **250 children per month**, workforce modelling assumes:

- Each clinician sees **5 children per week**
- Clinicians work **46 weeks per year** (allowing for annual leave)
- Annual activity per clinician = **230 children**
- Monthly activity per clinician \approx **19 children**

ND service currently has 10 clinicians within the core team

Recruitment of 4wte Band 6 ND practitioners to complete assessments - complete

Recruitment of 1wte Band 4 support worker

Recruitment of 1wte Band 4 Administrator

Neurodiversity

RTT Recovery with 250 Monthly Capacity

Month	Total Waiting List	>26 Weeks	% Within 26 Weeks
September	1,680	700	58.3%
October	1,510	600	60.3%
November	1,340	500	62.7%
December	1,170	400	65.8%
January	1,000	300	70.0%

NESH into 2026 /2027

- **NDIP & RIF funding secured — will increase capacity**
- **Confirmation of NDIP funding to be used to fund core posts and focus on maintaining the waiting list at under 52 weeks / improving RTT to 80%**
- **Strengthening needs-led support offer**
- **Expanding ND website and digital pathways: www.neurodiversitygwent.wales**
- **Pilot of digital tool to support screening, assessment bookings and AI tool to improve efficiencies in administrative processes.**

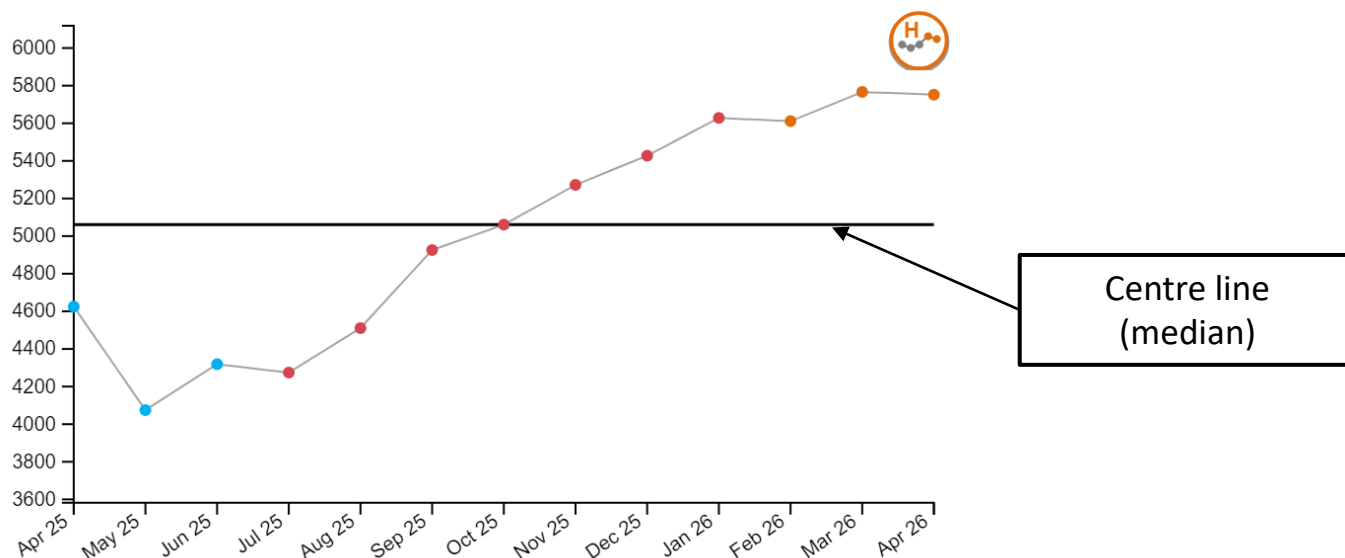


Appendices - Run Chart Guide and Rules



Key

- Deteriorating trend
- Negative shift from median
- Positive shift from median
- Improving trend



A Run Chart is recommended when there are **fewer than 15 data points** to plot on a time series

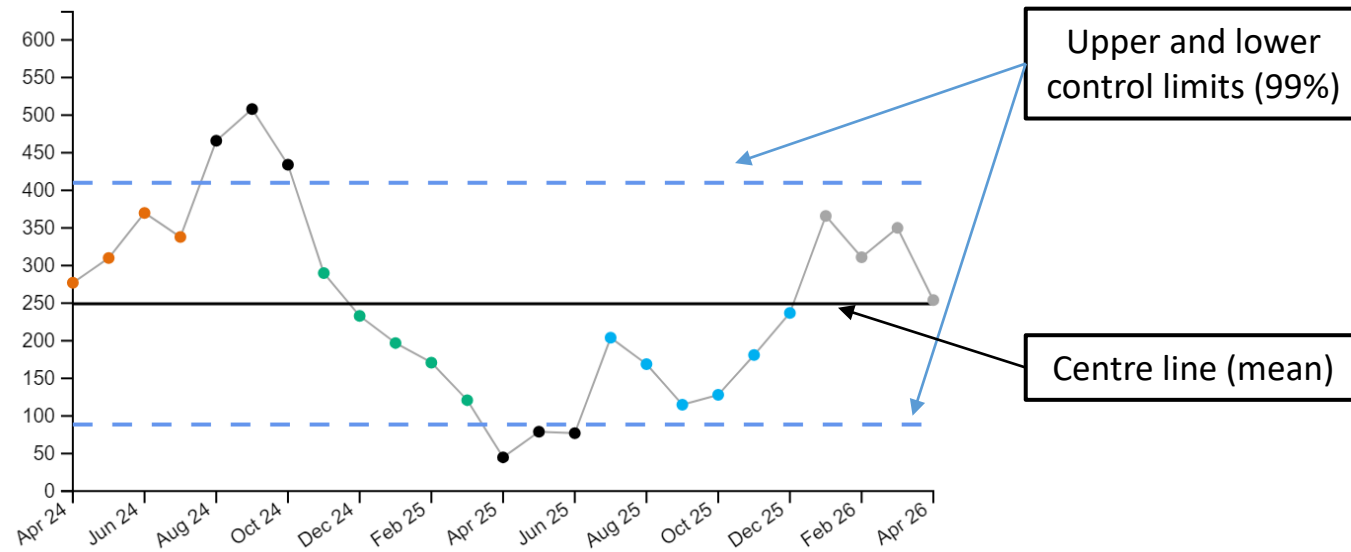
Centre reference line: the average line, represented by the median

Six consecutive points above or below the mean line (shift from mean): a run of six or more values above or below the average (median) line represents a trend that should not result from natural variation in the system. The nature of the shift (positive/negative) is dependent on the direction of improvement for each individual measure.

Five consecutive points increasing or decreasing (trend): a run of five or more values showing continuous increase or decrease is a sign that something unusual is happening in the system. The nature of the trend (improving/deteriorating) is dependent on the direction of improvement for each individual measure.



- Key**
- Astronomical point
 - Deteriorating trend
 - Negative shift from mean
 - Positive shift from mean
 - Improving trend



A minimum of **15 data points** is recommended for a Statistical Process Control (SPC) Chart

Centre reference line: the average line, represented by the mean









Upper and lower reference lines: the process limits, also known as control limits, set to 99%

Astronomical point: a single point outside the control limits. Whenever a data point falls outside a process limit (upper or lower) something unexpected has happened because we know that 99% of data should fall within the process limits.

Seven consecutive points above or below the mean line (shift from mean): a run of seven or more values above or below the average (mean) line represents a trend that should not result from natural variation in the system. The nature of the shift (positive/negative) is dependent on the direction of improvement for each individual measure.

Six consecutive points increasing or decreasing (trend): a run of six or more values showing continuous increase or decrease is a sign that something unusual is happening in the system. The nature of the trend (improving/deteriorating) is dependent on the direction of improvement for each individual measure.



Variation			Assurance		
	 	 			
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Variation indicates inconsistently hitting passing and falling short of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)alling short of the target

Variation icons: **orange** indicates concerning **special cause variation** requiring action; **blue** indicates where improvement appears to lie, and grey indicates no significant change (**common cause variation**)

Assurance icons: **Blue** indicates that you would consistently expect to achieve a target. **Orange** indicates that you would consistently expect to miss the target. A grey icon tells you that sometimes the target will be met and sometimes missed due to random variation – in a RAG report this indicator would flip between red and green.

NB: Assurance icons will be available from June 2026; a minimum of two data points in 2026/27 is required to plot trajectory lines.



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	29 June 2026
CYFARFOD O: MEETING OF:	Mental Health and Learning Disabilities Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Right Care, Right Person (RCRP) update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Leanne Watkins, Chief Operating Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Leanne Watkins, Chief Operating Officer

**Pwrpas yr Adroddiad
Purpose of the Report**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The Committee is asked to receive this report for assurance, which outlines the updated national expectations under the Right Care, Right Person (RCRP) framework and the Health Board's arrangements to support mental health assessments and safe patient transfers.

The report highlights the shift towards a health-led response for individuals in crisis, ensuring patients receive appropriate care while reducing reliance on policing, with police involvement remaining where risks cannot be safely managed.

Cefndir / Background

The Committee is asked to note the progress made following the implementation of the Right Care, Right Person (RCRP) approach, including strengthened governance, revised policies, and improved joint working with Gwent Police.

This includes clearer thresholds and escalation processes, a more consistent and shared decision-making approach, and the adoption of enhanced triage processes to ensure alternatives are considered and appropriate clinical oversight is in place prior to detention or conveyance decisions.

Asesiad / Assessment

The Committee is asked to consider the progress made in strengthening crisis response arrangements through improved partnership working, integrated crisis services, and the introduction of a single point of access to support timely and coordinated care.

The Committee should also consider the impact of these changes on reducing hospital attendance and improving patient experience, alongside the anticipated next phase of development, including the proposed service model to further enhance community-based assessment, support for vulnerable patients, and the management of individuals in crisis.

The Divisional Representatives will explore this further with the Committee during the meeting.

Argymhelliad / Recommendation

The Committee is asked to receive the report for **ASSURANCE**, with further detail to be explored during the meeting.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Specific risks have been identified in areas of the services experiencing ongoing challenges.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	2. Safe Care 2.7 Safeguarding Children and Safeguarding Adults at Risk 3. Effective Care 3.1 Safe and Clinically Effective Care
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item.
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	Improve the access, experience and outcomes of those who require mental health and learning disability services Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:

Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	

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



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board



Right Care, Right Person (RCRP) update

MH&LD Committee 29 June 2026



Right Care, Right Person (RCRP) update

- The implementation of RCRP represents a significant shift in how people experiencing a mental health crisis are supported.
- Historically, Health Boards have often relied on WAST and Police to support MH conveyance, under RCRP this model will change
- MH conveyance will become an NHS Wales/Health Board responsibility.
- Police input will reduce, and current arrangements will need review to ensure ABUHB continues to meet expectations moving forward.

What has changed under RCRP?

National expectations are now much clearer, Health Boards are expected to provide appropriate transport arrangements for:

- Voluntary MH assessments
- Individuals detained under Sections 136 and 135 where appropriate
- Transfers between places of safety.

Why this matters:

- People in crisis are therefore treated as patients requiring care rather than a policing response; as this approach reduces stigma and supports recovery.
- Police involvement will remain where risks cannot be safely managed by partners.

MH&LD Divisional response

- Since the roll out of RCRP we have revised, adopted and implemented RCRP appropriate Missing Persons, Section 135 and Section 136 policies.
- Agreed thresholds and escalation processes with Gwent Police.
- Shared approach to support consistent decision-making.
- Adopted practice where alternatives are explored through 111 Press 2 and/or the Police Mental Health Triage Team before Section 136 detentions.
- Our dedicated professionals are contacted before arrangements for conveyancing are made through enhanced triage and dynamic risk assessment.

Improving Crisis Response and Risk Manager

- We are transforming Community Crisis Care - through **stronger partnership working**
- Integration of our **AMH Crisis Teams with 111 Press 2** from 12 April 2026.
- Creation of a **single point of access** to MH & LD crisis support/assessment for professionals and individuals 24/7, leading to faster access, improved coordination and more care delivered at home.
- **Reduced hospital attendance and improved patient experience.**

Looking ahead

The Division will bring forward an SBAR on the anticipated service model to ensure that we can:

- Support vulnerable patients and older adults safely.
- Manage distressed or resistive patients appropriately.
- Enable community-based clinical assessment where appropriate



AUGUST 2025 RCRP UPDATE

POLICY & THRESHOLDS ALIGNMENT

We've made significant strides in tightening our RCRP approach and improving monitoring across multi-agency operations. Key developments include:

- Finalised and implemented policies for Missing Persons, Section 136, and Section 135 cases.
- Established clear thresholds in collaboration with Gwent Police, now disseminated to clinical leaders for wider sharing and consistency in request for support/decision-making.

CRISIS RESPONSE & RISK ASSESSMENT

Agreed operating protocols with Gwent Police regarding RCRP's appropriateness to engage:

- MH111p2 and/or the Police MH triage Team is consulted prior to the use of section 136. This has been embedded into the new police 136 policy. The aim is to discuss options and explore all least restrictive alternatives to use of 136.
- In response to driver and patient safety and police concerns, we've proposed a Standard Operating Procedure to guide active risk assessments and ensure proactive support under RCRP.

ORGANISING COMMUNITY CRISIS RESPONSE

There is support for integrating a mobile intervention team with MH111p2.

- MH response vehicles and crisis response will operate in coordination with MH111p2.
- Enables in-community crisis support, promoting care within the patient's home environment whenever clinically appropriate.
- This team-based model will help address concerns around isolation among drivers while increasing response mobility and reducing the default to hospital admissions.
- Planning underway to look at how we might acquire dedicated / bespoke designed vehicles for
 - Safe transportation of resistive, vulnerable or elderly patients.
 - Facilitating in-home clinical assessments during crisis situations.



HEDDLU
GWENT
POLICE

RCRP Phase 4 Section 136 Detentions

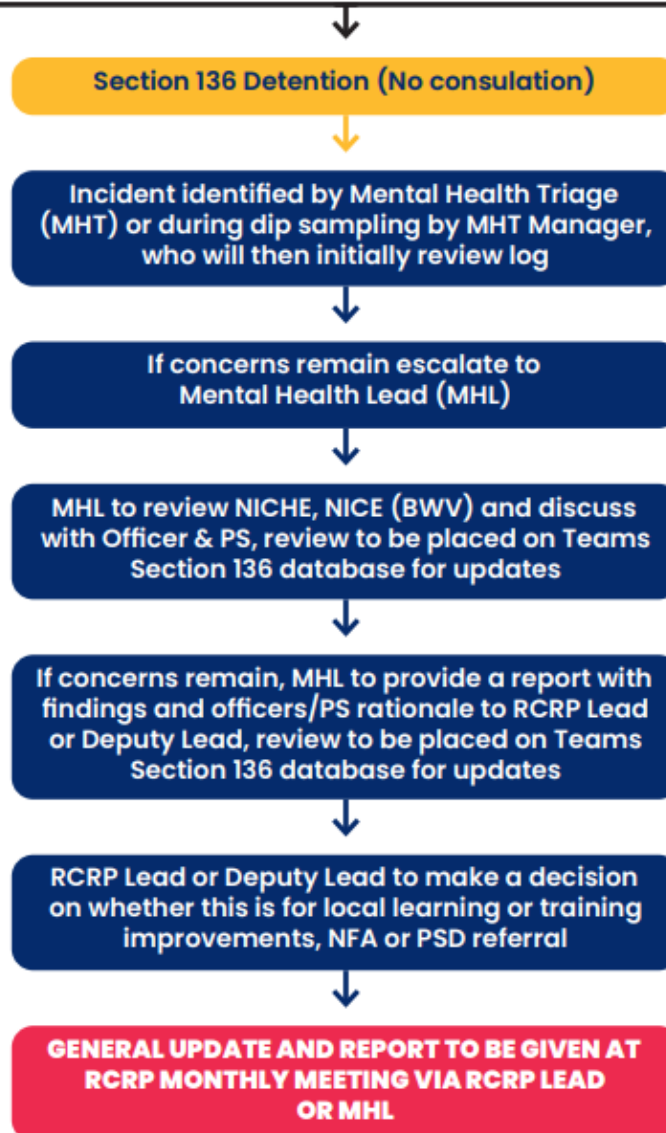
2025|2026



Phase 4 – Section 136

MENTAL HEALTH & THE LAW | S136 CONSULTATIONS

MENTAL HEALTH RELATED CALL RESULTING IN DETENTION UN SECTION 136 MHA



Section 136 – New Consultation Process.

- Work has been to review and update the S136 Consultation Process to ensure clarity and support for officers and staff. The purpose of this work was to increase consultation prior to using S136 Powers in all appropriate cases.

Section 136 – Alcohol Withdrawals and medical emergencies in detention.

- There has been an increase in Police recalls to the Section 136 Suite relating to medical emergencies and transportation.

DYDDIAD Y CYFARFOD: DATE OF MEETING:	29 June 2026
CYFARFOD O: MEETING OF:	Mental Health and Learning Disabilities Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Mental Health and Learning Disabilities Approach to Violence and Aggression Management and Prevention
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Leanne Watkins, Chief Operating Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Leanne Watkins, Chief Operating Officer

**Pwrpas yr Adroddiad
Purpose of the Report**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

It is important to brief the Committee to ensure clear strategic oversight of the whole-system approach to Violence Prevention & Reduction, including progress against key priorities such as trauma-informed care, workforce development, and culture change.

This enables assurance that governance, partnership working, and targeted improvements, including within MHLD are aligned, effectively delivered, and supporting safer services and better outcomes within the Health Board.

Cefndir / Background

Violence and aggression remain a challenge within Mental Health & Learning Disabilities due to the complexity of patient need and is showing an upward trend with incidents, particularly patient-to-staff and the Divisional Representatives will explore this further with the Committee during the meeting.

Asesiad / Assessment

The Committee will be updated on wider issues such as workforce pressures, staff wellbeing, and system and environmental limitations, which contribute to ongoing challenges within the service.

The Committee should note the limitations in benchmarking with neighbouring Health Boards and national data; however, assurance is provided that the Health Board routinely reports performance to Welsh Government.

This report maintains a sustained focus on prevention, trauma-informed care, and the strengthening of risk management approaches.

Argymhelliad / Recommendation

The Committee is asked to receive the report for **ASSURANCE**, with further detail to be explored during the meeting.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	A review of the risks associated with PMVA is currently under review
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	2. Safe Care 2.7 Safeguarding Children and Safeguarding Adults at Risk 3. Effective Care 3.1 Safe and Clinically Effective Care
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item.
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	Improve the access, experience and outcomes of those who require mental health and learning disability services Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol:

Further Information:

Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	

Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Executive Committee
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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



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board



Mental Health and Learning Disabilities Approach to Violence and Aggression Management and Prevention

29 June 2026



Organisation Approach

The Health Board delivers a **whole-system approach** to Violence Prevention & Reduction, underpinned by a **trauma-informed, public health model** focused on prevention, learning, and culture change. Our strategic approach is structured around key objectives:

- Embedding **trauma-informed care**
- Improving **reporting culture and learning**
- Strengthening **equality, diversity and inclusion**
- Developing a **skilled and supported workforce**

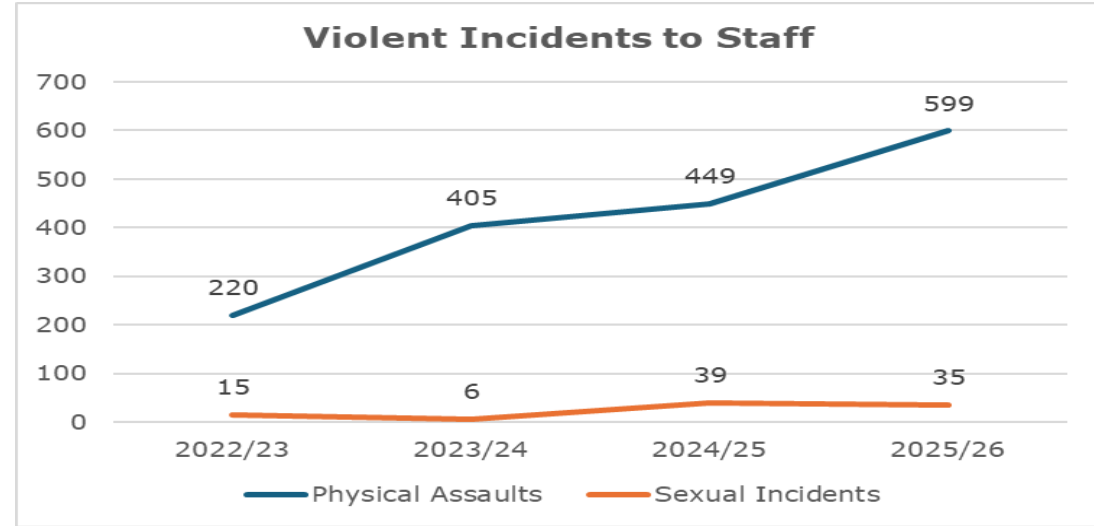
This work is supported through **strong governance, partnership working, and continuous improvement**, with oversight through VPR Sub-Groups and Health & Safety Committee

MHLD Context

- MHLD will be fully included within this programme of work.
- Dedicated projects in collaboration with MHLD services will be established as task and finish groups under the Violence Prevention & Reduction (VPR) Sub-Group.
- These groups will focus on delivering targeted improvements while ensuring alignment with the wider organisational approach to Violence Prevention & Reduction

Incident Reporting

- Total of 1,526 incidents affecting staff reported in 2025/26.
- 1,419 incidents of abuse to staff reported during the period (see graph). This is a slight reduction reported in 2024/25 (1,431).
- 599 physical assaults and 35 sexual assaults / inappropriate behaviour



Police Call outs Q4 1st January 2025-31st March 2026:

Location of Call	Total number of calls	Number of times Police Deployed
St Cadocs	32	25
YAB	7	4
Talygarn	26	17
YYF	24	18

Incident Reporting

This table shows the number of staff absences relating to violent and aggressive incidents. There is a clear upward trend across the Health Board, with levels remaining high in 2025–2026. The MHL D Division accounts for 42% of all recorded absences, highlighting the higher exposure to risk within these services.

Caveat: Figures are dependent on Datix reporting quality. Some incidents may be underreported, not yet closed, or incomplete for the most recent year, meaning actual levels may be higher.

Year	Health Board	MHL D Division
2022–2023	10	4
2023–2024	22	8
2024–2025	48	24
2025–2026	49	19
Total	129	55

Trauma Informed Care

Strategic Commitment

ABUHB recognises that many service users have experienced trauma, and that behaviour can represent distress rather than deliberate aggression.

Core Principles

- Recognise behaviour as communication
- Promote physical, psychological and emotional safety
- Choice, collaboration and empowerment in care planning
- Reduce risk of re-traumatisation
- Patient involvement in debriefs and service improvement

Evidence in Practice

- Patient-centred care planning
- Post-incident patient debriefs
- Staff training programmes
- Safety Pod quality improvement work

Benefits

- Reduced conflict
- Improved patient experience
- Reduced restrictive interventions

Early recognition and intervention- Safewards

Safewards is an evidence-based approach that strengthens therapeutic relationships and ward culture to reduce violence, aggression, and the need for restrictive interventions

Why?

Conflict and containment can negatively impact patient experience, staff wellbeing, and safety. Safewards is an evidence-based model designed to reduce incidents of aggression, self-harm, absconding, and restrictive interventions within mental health settings.

What does it do?

Safewards focuses on improving relationships, communication, and ward culture through practical interventions that reduce triggers for conflict and support early resolution of distress.

Expected Benefits

- Reduction in violence and aggression incidents
- Fewer restrictive interventions and restraint episodes
- Improved patient experience and engagement
- Enhanced staff confidence and therapeutic relationships
- Safer ward environments for patients and staff

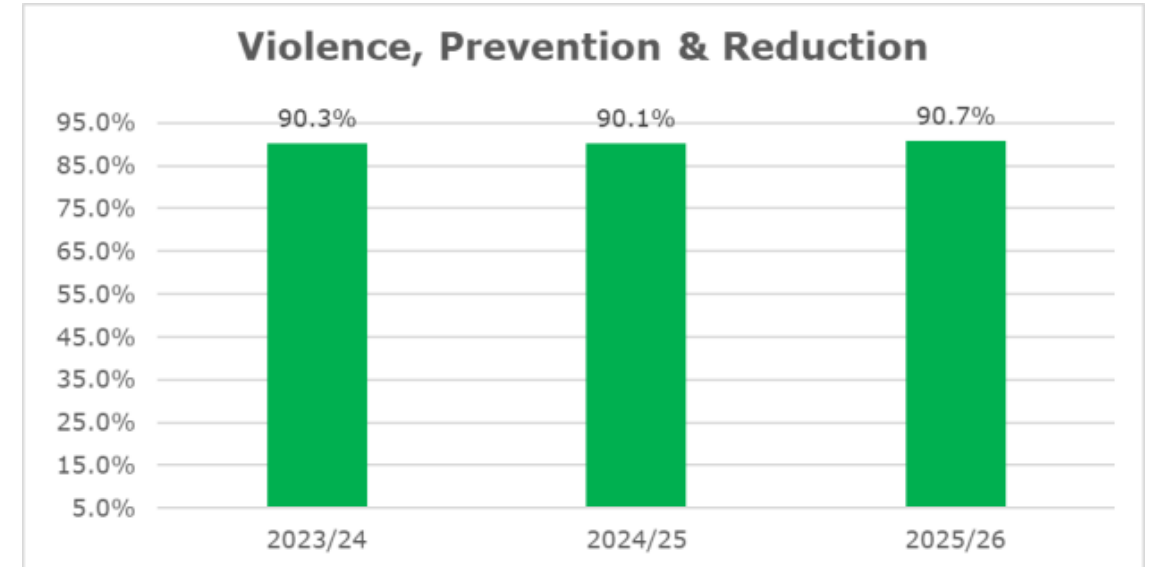


Early intervention and Prevention

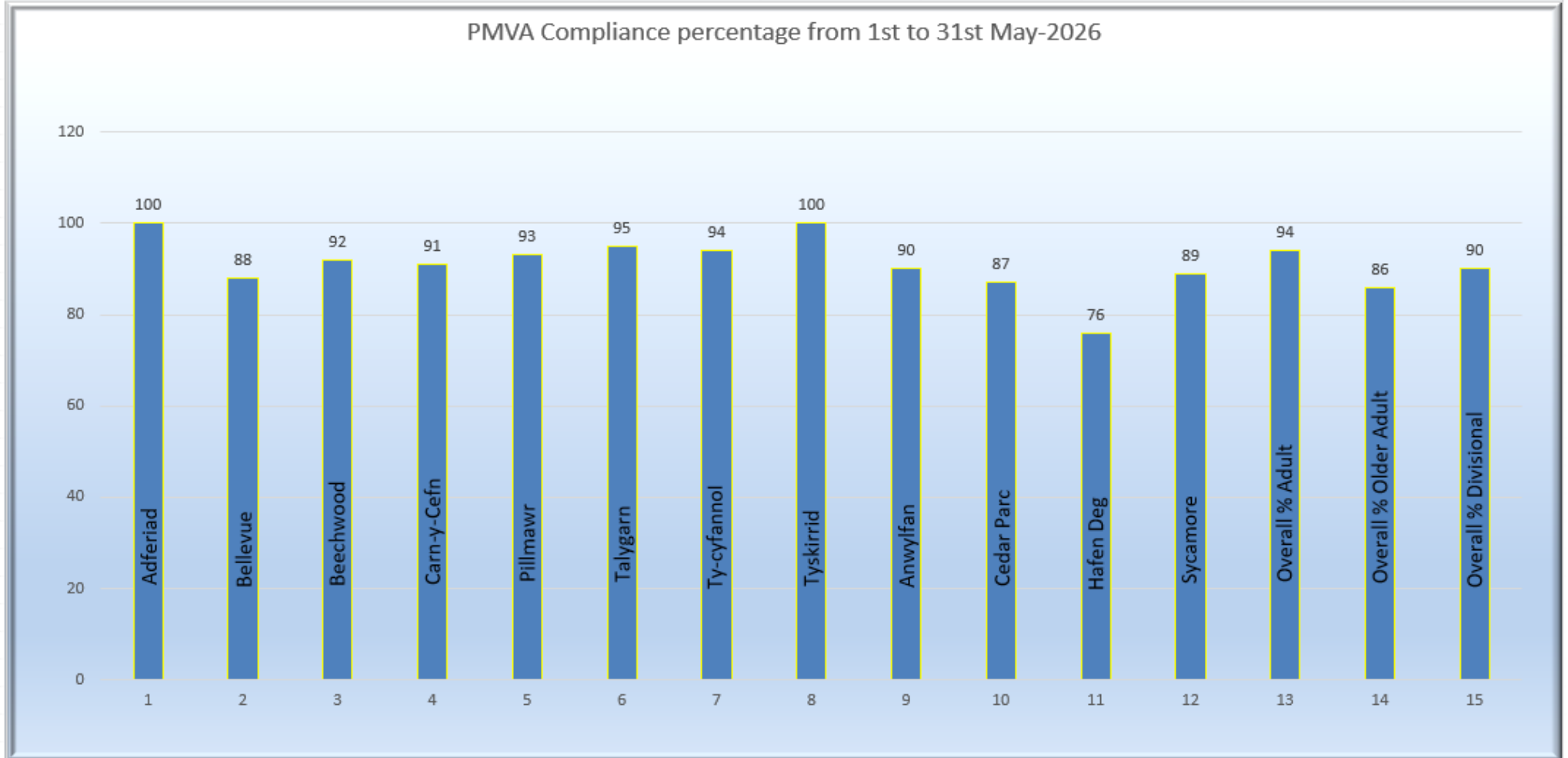
- Relational security and therapeutic engagement
- Early recognition of escalation and triggers
- Individual risk assessment and Management
- Person Centred Safety Planning
- Behavioural formulation for complex presentations
- Positive Behavioural Support plans
- Environmental safety measures (alarms, CCTV, risk assessments)

Training and Workforce capabilities

- PMVA training aligned to national standards
- Prevention, de-escalation and safe intervention skills
- Competency monitoring and compliance reporting
- Refresher training and practice development
- Building staff confidence and consistency
- Person Centred Safety Planning
- Safewards training
- ESR violence, Reduction and Prevention Module



1. Adferiad	100
2. Bellevue	88
3. Beechwood	92
4. Carn-y-Cefn	91
5. Pillmawr	93
6. Talygarn	95
7. Ty-cyfannol	94
8. Tyskirrid	100
9. Anwylfan	90
10. Cedar Parc	87
11. Hafen Deg	76
12. Sycamore	89
Overall % Adult	94
Overall % Older Adult	86
Overall % Divisional	90



Staff support and well being

- Post-incident debrief and reflective practice
- Clinical supervision and wellbeing support
- Psychological support following significant incidents
- Learning-focused culture rather than blame
- Supporting resilience and staff retention

Incident Reporting, Governance and Learning

Assurance Arrangements

- Incidents reviewed within 24 hours- feedback directly to clinical teams, oversight of appropriate and proportionate actions.
- Daily safety briefings – monitor safe staffing, environmental escalations, personal safety i.e. alarms/CCTV
- Daily operational oversight - security checks undertaken
- Thematic reviews where trends are identified.
- Audit programme monitoring compliance.

Learning Culture

Focus on:

- Early identification of emerging risks.
- Organisational learning.
- Continuous quality improvement.

DYDDIAD Y CYFARFOD: DATE OF MEETING:	29 June 2026
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 Programme of Business 2026/27
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 2025/26 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 from the last Committee meeting the following requests and/or changes to the forward work plan have been included.

Deferred item on the Forward Work Programme:

There have been Two items deferred to the Forward Work Programme namely

- **Committee Risk Report** has been deferred from June to September's Committee Meeting;
- **Assurance in Respect of Mental Capacity Act and DOLS** has been deferred from June to September's Committee Meeting.

Additional item on the Forward Work Programme:

There have been Four additions to the Forward Work Programme namely

- **Updates on Neurodevelopmental (ND) service pressures, needs-based pathways progress and Waiting list recovery work** added from January's Committee Meeting;
- **Chief Operating Officer to develop quarterly reporting with triangulated data to strengthen oversight of Restrictive practices** added from January's Committee Meeting;
- **Mental Health Act Bill Update** added from March's Committee Meeting;
- **Learning Disabilities Without Mental Health Challenges Report** added from June's agenda setting Meeting.

These changes have been reflected on the updated Forward Work Programme.

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
Partïon / 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**

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

Choose an item.

Choose an item.

Not applicable to this report



Annual Programme of Business for 2026-27

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 2025/26
- 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 29/06/26	QTR 2 July to Sept 08/09/26	QTR 3 Oct to Dec 08/12/26	QTR 4 Jan to Mar 23/03/27
Preliminary Matters						
Attendance and Apologies	Chair	SI	✓	✓	✓	✓
Declarations of Interest	Chair	SI	✓	✓	✓	✓
Minutes of the Previous Meeting	Chair	SI	✓	✓	✓	✓
Committee Action Log	Chair	SI	✓	✓	✓	✓
Committee Governance						
Development of Committee Annual Programme of Business 2027/28	DoCG	AN				✓
Review of Committee Programme of Business 2026/27	DoCG	SI	✓	✓	✓	✓
Committee Annual Report 2026/27 <ul style="list-style-type: none"> Annual Review of Committee Terms of Reference 2026/27 Annual Review of Committee Effectiveness 2026/27 Outcome of Annual Review of Committee Effectiveness 2026/27 	DoCG	AN				✓

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

MH&LD Divisional Risk Report	COO/ DoCG	Bi-AN		✓		✓
Learning Disabilities Without Mental Health Challenges Report		AN		✓		
updates on Neurodevelopmental (ND) service pressures, needs-based pathways progress and Waiting list recovery work MHLD 2201/3.3	COO	Action		✓		
Chief Operating Officer to develop quarterly reporting with triangulated data to strengthen oversight of Restrictive practices MHLD 2201/3.3	COO	Action	✓			
Mental Health Act Bill Update MHLD 2403/11		Action		✓		
MENTAL HEALTH & LD DIVISION: IMTP Priorities						
Models of Care	COO	AN		✓		
Partnerships	COO	AN				✓
Quality Improvement	COO	AN		✓		
Workforce	COO	AN			✓	
Digital Transformation	COO	AN				✓

Lead Officer	
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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

Power of Discharge Sub-Committee Meeting

**Tuesday 2nd June 2026
09:30 – 11:00**

Virtually via Microsoft Teams

Present:

- Paul Deneen – Chair, Independent Board Member
- Perry Attwell – Associate Hospital Manager
- Keith Dunn – Associate Hospital Manager
- Simon Evans – Associate Hospital Manager
- Pamela Haylings – Associate Hospital Manager
- Beverley Hopkins – Mental Health Act and Divisional Admin Manager
- Sandra Mason – Assistant Director: Mental Health Learning Disabilities
- 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*)

Agenda Item	Key Discussion points /Updates	Action	Who
<p>1. Welcome, Introductions & Apologies</p>	<p>Paul welcomed everybody to the meeting.</p>		
<p>2. Matters Arising and Minutes from previous Meeting</p>	<p><u>Associate Hospital Manager’s Pre-meeting discussions</u> Amelia said that she has tested setting up a lobby to prevent members of the care team coming in early and interrupting the Associate Hospital Manager’s (AHM’s) pre-meeting discussions and has also tested setting up breakout rooms so that the AHM’s can have a separate discussion around their decision without having to ask the care team to leave and re-join the meeting. This has been demonstrated to members of the MHA team. Amelia said that she is unaware if these are being used in hearings as she is not the member of staff that sits in on hearings.</p> <p>Keith said that as far as he is aware the breakout rooms have not been used.</p> <p><u>Chairmanship</u> Bev said that there are now more AHM’s chairing hearings. Bev also said that she hasn’t been approached by anybody wanting to become a chair and asked that if anyone is interested in this then to contact her and she</p>	<p>Amelia will demonstrate how to use the lobby and breakout rooms to the MHA team again.</p>	<p>AJames</p>

	<p>will set up the training.</p> <p><u>Information Pack</u> Bev said that the information pack should be ready to be sent out within the next month.</p> <p><u>AHM Training Day</u> Bev said that there have been some difficulties arranging this due to building works currently taking place currently at St. Cadoc's. Bev discussed that she would really like the training day to take place at St. Cadoc's so that all AHM's can come and see the MHA offices and the hospital.</p> <p>The minutes and action points from 24th February 2026 were reviewed and agreed.</p>	<p>Bev to send out information pack to AHM's</p>	<p>BHopkins</p>
<p>3. Items for Decision</p>	<p>No items for Decision.</p>		
<p>4. Items for Discussion</p>	<p><u>A. Feedback from AHM's</u></p> <p>I. <u>New AHM's</u> Keith said that it has been a pleasure working with the new AHM's. Pete also said how great it has been that the new AHM's have all brought different skills and experiences to the panels.</p> <p>II. <u>Reports</u> Keith discussed that there are still problems with reports not being signed and dated correctly by clinicians / social workers. Bev said there have been a lot of problems with reports for both managers hearings and tribunals not being signed and dated etc and that the Mental Health Tribunal have said they will do a workshop on report writing. Bev also said that Alan has got dates booked in over the next months to complete report writing training with the Responsible Clinician's (RC's).</p> <p>III. <u>Panel Report written by Chair</u> Pete said that it would be beneficial to rationalise decision report writing on each case because some write essays</p>		

	<p>by 1st August 2026. An update will be given in the next PODSC meeting.</p> <p>Once these have been submitted Bev will be in a position to arrange a timeframe to have conversations with everybody.</p>		
<p>5. Items for Information</p>	<p><u>A. Mental Health Act Update Report, Q3 October – December 2025 prepared for meeting of MHLD Committee in March 2026</u> Sandra discussed the highlights of the report</p> <ul style="list-style-type: none"> • General activity and detentions were higher than average. • There was an unlawful detention within the quarter where both doctors gave the same hospital address. This has been resolved • There was a decrease in rectifiable errors as Alan has been conducting training around the scrutiny process. • The use of section 136 decreased within the quarter. • The number of CTOs were higher than average. <p>Paul said that there is a really helpful glossary of terms at the end of the report which would be useful for new members.</p> <p>Simon discussed that the glossary was extremely helpful and raised the question of whether there was anything that can be used by the AHM's to look up and understand what medication is used for what sort of condition.</p> <p>Bev said that this information would be available to clinical staff, however the MHA team wouldn't have access to this. Sandra discussed that the problem is that there are hundreds of different medications and there will be brand names and generic names etc.</p> <p>It was decided that a pharmacist would be invited to the AHM training day to talk through the different groups of drugs and what they're used for</p>	<p>Bev to arrange for a pharmacist to attend the AHM training day</p>	<p>BHopkins</p>

	<p><u>MHA Admin Staff Update</u> Bev said that the MHA admin team are working well together and that she is really happy with them.</p> <p><u>Mental Health Act 2025 - Update</u> Sandra discussed that the health board have received no further information about the bill.</p> <p>Bev said that there was a Mental Health Act Administrators Forum meeting last week and the update given there was that they are still going through a new code of practice and until that's done, they can't move forward.</p> <p>Paul asked whether there was any discussion around the Associate Hospital Managers Annual Conference. Bev and Amelia confirmed there has been no updates given on this. Bev said that if she hears anything she will bring it to the next meeting.</p>		
<p>6. Any Other Business</p>	<p>Paul thanked the group for their contribution to today's meeting.</p> <p>Paul thanked Perry, Keith, Simon, Pam, Julie, Carol and Pete for their contributions.</p> <p>Paul also thanked Sandra, Bev, Holly, Amelia and the MHA team their excellent support.</p>		
<p>Date of next meetings: Tuesday 11th August 2026 at 09:30 Tuesday 10th November 2026 at 09:30</p>			