Mental Health and Learning Disabilities Committee

Tuesday 8 September 2026, 10:30 - 13:30

MS Teams

Agenda

10:30 - 10:30
0 min

1. PRELIMINARY MATTERS

1.1. Welcome and Introductions

Chair

1.2. Apologies for Absence

Chair

1.3. Declarations of Interest

Chair

1.4. Draft Minutes of the last Meeting held on 29th June 2026

Chair

MHLDC 20260908 1.4 20260629 Minutes.pdf (9 pages)

1.5. Committee Action Log

Chair

MHLDC 20260908 1.5 Action Log.pdf (4 pages)

10:30 - 10:30
0 min

2. ITEM FOR APPROVAL/RATIFICATION/DECISION

There are no items for inclusion in this section

10:30 - 10:30
0 min

3. ITEMS FOR DISCUSSION

3.1. Mental Health Act Compliance Report & Section 136 Frequent Attenders Analysis

Chief Operating Officer

MHLDC 20260908 3.1 MHA Q1 Update.pdf (40 pages)

3.2. Mental Health Act Bill Update

Chief Operating Officer

MHLDC 20260908 3.2 MH Act Bill Update.pdf (4 pages)
MHLDC 20260908 3.2 MH Act Bill Update Appendix A.pdf (3 pages)

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

Chief Operating Officer

- MHLDC 20260908 3.3 MH Outcomes and Services Report.pdf (4 pages)
- MHLDC 20260908 3.3 MH Outcomes and Services Report Appendix A.pdf (4 pages)
- MHLDC 20260908 3.3 MH Outcomes and Services Report Appendix B.pdf (6 pages)

3.4. Assurance in Respect of CAMHS Services

Chief Operating Officer

- MHLDC 20260908 3.4 Assurance in CAMHS Services.pdf (4 pages)
- MHLDC 20260908 3.4 Assurance in CAMHS Services Appendix A.pdf (4 pages)

3.5. Neurodevelopmental Pathway Performance and Waiting List Recovery Update

Chief Operating Officer

- MHLDC 20260908 3.5 Neurodevelopment Performance.pdf (4 pages)
- MHLDC 20260908 3.5 Neurodevelopmental Update Appendix A.pdf (9 pages)

3.6. Learning Disabilities without Mental Health Challenges Report

Chief Operating Officer

- MHLDC 20260908 3.6 Learning Disabilities Report.pdf (4 pages)
- MHLDC 20260908 3.6 Learning Disabilities Report Appendix A.pdf (8 pages)

3.7. Committee Risk and Assurance Report

Director of Corporate Governance

- MHLDC 20260908 3.7 Risk and Assurance Report.pdf (5 pages)

3.8. Assurance in respect of Mental Capacity Act and DOLS Report

Director of Nursing

- MHLDC 20260908 3.8 Assurance in respect of MCA and DOLS.pdf (8 pages)
- MHLDC 20260908 3.8 Assurance in respect of MCA and DOLS Appendix A.pdf (6 pages)
- MHLDC 20260908 3.8 Assurance in respect of MCA and DOLS Appendix B.pdf (1 pages)
- MHLDC 20260908 3.8 Assurance in respect of MCA and DOLS Appendix C.pdf (3 pages)
- MHLDC 20260908 3.8 Assurance in respect of MCA and DOLS Appendix D.pdf (1 pages)
- MHLDC 20260908 3.8 Assurance in respect of MCA and DOLS Appendix E.pdf (1 pages)

3.9. Assurance in Respect of Dementia Standards

Director of Nursing

- MHLDC 20260908 3.9 Assurance in Dementia Standards.pdf (7 pages)
- MHLDC 20260908 3.9 Assurance in Dementia Standards Appendix A.pdf (22 pages)

10:30 - 10:30
0 min

4. Items for INFORMATION

4.1. Review of Committee Programme of Business 2026/27

Director of Corporate Governance

- MHLDC 20260908 4.1 Committee Programme of Buisness.pdf (4 pages)
- MHLDC 20260908 4.1 Committee Programme of Buisness Appendix A.pdf (6 pages)

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

PoD Chair

- MHLDC 20260908 4.2 PODSC Meeting Minutes 11.08.26.pdf (4 pages)

10:30 - 10:30

5. OTHER MATTERS

0 min

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

Chair

5.2. Any Other Urgent Business

Chair

5.3. Date of the Next Meeting: 08th December 2026, 10.00-13.00

BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN/ANEURIN BEVAN UNIVERSITY HEALTH BOARD

MINUTES OF THE MENTAL HEALTH AND LEARNING DISABILTIIES COMMITTEE

DATE OF MEETING	29th June 2026 09:00-12:00
VENUE	Microsoft Teams

PRESENT	Penny Jones, Chair
	Paul Deneen, Vice Chair
	Dafydd Vaughn, Independent Member
	William Smart, ABUHB Vice Chair
IN ATTENDANCE	Rani Dash, Director of Corporate Governance Louise Turner, Divisional Director of Mental Health and Learning Disabilities Leanne Watkins, Chief Operating Officer Rebecca Goode, Head of Operational Transformation Paul Rice, General Manager for Mental Health and Learning Disabilities Amy Buckley, Assistant Divisional Nurse, MHLD Sara Garland, General Manager, Family and Therapies Chris Jones, Head of Nursing Naomi Murtagh, Board Business Manger Harry Morris, Governance Support Officer
APOLOGIES	Seema Srivastava, Medical Director Lucy Windsor, Head of Corporate Risk and Assurance Amy Buckley, Assistant Divisional Nurse, MHLD Sandra Mason, Assistant Director of Mental Health & Learning Disabilities

Preliminary Matters	
MHLDC 0629/01	**Welcome and Introductions** Penny Jones (PJ), Chair, welcomed everyone to the Committee.
MHLDC 0629/02	**Apologies for Absence** Penny Jones (PJ) Chair, **NOTED** the apologies received for this meeting.
MHLDC 0629/03	**Declarations of Interest** There were no Declarations of Interest to record.
MHLDC 0629/04	**Minutes of the previous meeting** The minutes of the meeting held on the 24th March 2026 were agreed as a true and accurate record.
MHLDC 0629/05	**Committee Action Log** The Committee reviewed the action log, noting actions completed, actions in progress, and actions not yet due.
ITEMS FOR APPROVAL / RATIFICATION / DECISION	
MHLDC 0629/06	There were no items for discussion during this section.
ITEMS FOR DISCUSSION	
MHLDC 0629/07	**Mental Health Act Compliance Report** Leanne Watkins (LW), Chief Operating Officer, introduced the report and invited Paul Rice (PR), General Manager for Mental Health and Learning Disabilities, to present the report. PR reported that detentions had reduced compared to the previous quarter and had returned to expected trends, with no unlawful detentions identified. Rectifiable errors had increased; however, these were predominantly administrative in nature, and training and oversight arrangements remained in place to support improvement. Section 136 activity had increased, reflecting a return to normal levels, with a reduction noted in repeat detentions. PR confirmed that multi-agency work with partners,

	including the police, was ongoing to reduce reliance on Section 136. Paul Deneen (PD), Vice Chair, sought further clarity on the cohort of frequent attenders and the scale of repeat presentations. PR advised that a small number of individuals with complex needs accounted for repeated activity, with targeted interventions in place. LW confirmed that further detail would be provided outside of the meeting. William Smart (WS), ABUHB Vice Chair, raised queries regarding Section 2 lapses and associated risks. PR acknowledged that such lapses represent poor practice and may present a legal risk, particularly where patients were not appropriately informed; however, assurance was provided that patients had been managed correctly in the cases reviewed. PR emphasised that responsibility for oversight of Section 2 compliance rests with responsible clinicians, working alongside ward teams. In response to questions regarding the medical scrutiny process, PR advised that the majority of issues identified through scrutiny related to incomplete or inaccurate documentation rather than concerns regarding clinical decision-making. PR explained that robust scrutiny arrangements were in place to support compliance with the Mental Health Act, including a two-stage review process. Applications were initially reviewed by the Approved Mental Health Professional before undergoing a subsequent medical review, providing an opportunity for documentation errors or omissions to be identified and corrected prior to completion. The Committee noted that this process provided an additional level of assurance and supports compliance with statutory requirements. Louise Turner (LT), Divisional Director of Mental Health and Learning Disabilities, advised that cancelled managers' hearings and tribunals were primarily due to discharge or patient withdrawal, and that previous capacity issues had now been addressed through an expanded cohort.

	The Committee requested that future reports include additional analysis of Section 136 activity, including the extent to which assessments relate to repeat presentations, to provide greater understanding of service demand and trends. **ACTION: Chief Operating Officer** The Committee **NOTED** the Mental Health Act Compliance Report and received **ASSURANCE** on the arrangements in place.
MHLDC 0629/08	**Mental Health Services related Performance and Outcomes, including Quality, Safety and Activity & 111 Press 2 Performance and Outcomes Report** Leanne Watkins (LW), Chief Operating Officer, introduced the report and invited Louise Turner (LT), Divisional Director of Mental Health and Learning Disabilities, to present alongside Paul Rice (PR), General Manager for Mental Health and Learning Disabilities, and Sara Garland (SG), General Manager for Family and Therapies. PR reported on Adult Mental Health services, highlighting that performance against Part 1 measures remained sustained above the national target, whilst Part 2 performance remained on trajectory despite ongoing demand pressures, while complaints performance exceeded expected levels. In respect of psychological therapies, PR advised that performance remained below target and explained that a detailed review had identified a number of data quality issues associated with historical recording practices and limitations within existing systems. The Committee noted that this had affected the accuracy of reported performance and that work was underway to validate activity data, improve pathway management processes and strengthen reporting arrangements. PR further advised that the service was taking steps to ensure that waiting list information more accurately reflected patient activity and demand, providing greater assurance regarding future performance reporting.PR provided an update on the 111 Press 2 service, noting stable demand and consistent call volumes. While a majority of calls

	continued to be answered within one minute, PR highlighted that performance fluctuated in line with demand patterns. The Committee discussed the current reporting approach and sought a broader range of measures, including performance against longer wait times and call abandonment data, to provide a more complete understanding of service effectiveness. Dafydd Vaughan (DV), Independent Member, sought further clarity on whether current performance levels represented an appropriate standard and requested benchmarking and additional context to support Committee oversight. PR acknowledged this and confirmed that further work would be undertaken to strengthen reporting including two- and three-minute response times and call abandonment data, within future reports. **ACTION: Chief Operating Officer** PR also outlined the progress of the integrated crisis service pilot, noting that early indications demonstrated positive outcomes, with most individuals reporting reduced distress following contact. The Committee noted that the redesigned model, separating crisis assessment from home treatment and aligning more closely with community teams, was supporting improved responsiveness and patient flow. The Committee discussed the potential impact of increasing demand, including future pressures associated with wider system changes. Assurance was provided that service transformation and workforce planning were being considered to support sustainability. SG provided an update on CAMHS and neurodevelopmental services. SG outlined progress in implementing the needs-based neurodevelopmental pathway, workforce recruitment and service transformation initiatives, whilst noting the continuing challenges associated with demand, waiting times and workforce resilience. The Committee heard that a single point of access remained in place for children, young people and families, enabling referrals, advice and signposting to appropriate support. SG also highlighted ongoing work to improve capacity, strengthen

	multidisciplinary working and utilise digital innovations to support timely access to services. The Committee **NOTED** the report and received **ASSURANCE** on performance, noting areas of progress alongside ongoing challenges.
MHLDC 0629/09	**Right Care Right Person Presentation Update** Leanne Watkins (LW), Chief Operating Officer, introduced the report and provided an update on the implementation of the Right Care Right Person (RCRP) approach. LW outlined that the programme was being delivered in phases, with a focus on ensuring individuals receive care from the most appropriate service while reducing unnecessary police involvement in mental health incidents. LW highlighted that strong partnership working with the police and wider system partners remained central to delivery, with agreed operational pathways and escalation processes continuing to be developed. LW advised that alternative models of support were being strengthened, including the use of the 111 Press 2 service and wider crisis provision, to provide appropriate routes of access for individuals in need. It was noted that this approach aimed to reduce use of Section 136 and improve overall patient experience through more timely and suitable interventions. The Committee discussed the potential impact of RCRP on service demand and recognised that the shift in responsibility may increase pressure on health services, particularly crisis pathways. LW confirmed that this had been recognised within ongoing transformation and planning work, with a focus on ensuring capacity and resilience within services. The Committee noted the progress made to date and the importance of continued multi-agency collaboration to support successful implementation.

	The Committee **NOTED** the update and received **ASSURANCE** on the progress of the Right Care Right Person programme.
MHLDC 0629/10	**Staff Security, including Violence and Aggression, specific to MH&LD Services staff** Leanne Watkins (LW), Chief Operating Officer, introduced the report and invited Louise Turner (LT), Divisional Director of Mental Health and Learning Disabilities, to present the report. LT outlined the position in respect of staff safety, highlighting the level of incidents relating to violence and aggression across Mental Health and Learning Disabilities services. LT reported that incidents included verbal abuse, physical assaults and a small number of serious incidents, with a notable proportion of staff sickness absence attributed to such events. LT advised that a whole-system approach to violence prevention was in place, including the continued rollout of the Safe Wards model, trauma-informed care approaches, and improved staff training. LT noted that these interventions were designed to reduce restrictive practices, improve staff confidence, and enhance the therapeutic environment. The Committee discussed the impact of violence on staff wellbeing and the importance of ensuring appropriate support arrangements. LT confirmed that structured post-incident support, including debriefing and wellbeing services, was available to staff, alongside ongoing monitoring through governance arrangements. Paul Deneen (PD), Vice Chair, sought clarity on benchmarking and how the Health Board compared to other organisations. LT acknowledged the importance of this and advised that further work would be undertaken to strengthen comparative data where available. **ACTION: Chief Operating Officer** The Committee acknowledged the scale and complexity of the issue and recognised the importance of sustaining focus on staff safety, culture and continuous improvement.

	The Committee **NOTED** the report and **RECEIVED ASSURANCE** on the measures in place to support staff safety and manage incidents of violence and aggression.
ITEMS FOR INFORMATION	
MHLDC 0629/11	**Review of Committee Programme of Business 2026/27** The Committee received the Programme of Business for 2026–27 for information. The Committee **NOTED** the Programme of Business.
MHLDC 0629/12	**Power of Discharge (PoD) Sub-Committee Update** Paul Deneen (PD), Vice Chair, provided an update on the Power of Discharge (PoD) Sub-Committee. PD advised that the Sub-Committee continued to operate effectively, providing appropriate oversight of discharge decision-making and application of delegated powers. The Committee noted that arrangements remained in line with governance requirements, with a continued focus on patient safety, proportionality, and timeliness of decision-making. The Committee **NOTED** the update.
OTHER MATTERS	
MHLDC 0629/13	**Items to be Brought to the Attention of the Board and Other Committees** The Committee considered whether any matters arising required escalation to the Board or referral to other Committees. It was noted that an update on Violence and Aggression, with a focus on benchmarking across all staff groups, would be scheduled for consideration by the People and Culture Committee. The Committee **NOTED** the above escalation.

MHLDC 0629/14	**Any Other Urgent Business** There were no further items raised for discussion.
MHLDC 0629/15	**Date of the Next Meeting:** Tuesday 8th September 10:30-13:30

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

Outstanding	Overdue: In Progress	Not Due	Completed	Transferred to another Committee

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
January 2026	**MHLDC 2201/3.3**	**Restrictive Practices Monitoring and Oversight Report** Chief Operating Officer to develop quarterly reporting with triangulated data to strengthen oversight of Restrictive practices	Chief Operating Officer	**September 2026**	**In Progress** Update scheduled for September 2026 Committee Meeting **On agenda**
March 2026	**MHLDC 2403/11 Mental Health Act Bill Update**	**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	Chief Operating Officer	**September 2026**	**In Progress** Update scheduled for the September 2026 Committee Meeting **On agenda**

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
		implementation timelines become clearer, including emerging implications for services.			
June 2026	**MHLDC 0629/07 Mental Health Act Compliance Report**	**Section 136 Frequent Attenders Analysis** Chief Operating Officer to ensure that future reports include additional analysis of Section 136 activity, including the extent to which assessments relate to repeat presentations, to provide greater understanding of service demand and trends.	Chief Operating Officer	**September 2026**	**In Progress** **Will include an update in the MH Act Compliance Report**
June 2026	**MHLDC 0629/08 Mental Health Services related Performance and Outcomes, including Quality,**	**Enhanced 111 Press 2 Performance Report** Chief Operating Officer to provide enhanced 111 Press 2 performance metrics,	Chief Operating Officer	**September 2026**	**In Progress** **111 Press 2 will routinely report as part of the Performance and Outcomes Report**

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
	Safety and Activity & 111 Press 2 Performance and Outcomes Report	including two- and three-minute response times and call abandonment data, within future reports.			
June 2026	**MHLDC 0629/10 Staff Security, including Violence and Aggression, specific to MH&LD Services staff**	**Staff Security, including Violence and Aggression, specific to MH&LD Services staff** Chief Operating Officer to provide benchmarking data on incidents of violence and aggression, where available, within future reports.	Chief Operating Officer	**December 2026**	**In Progress** Next report due December 2026 should include benchmarking data on incidents of violence and aggression, where available

CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN
ANEURIN BEVAN UNIVERSITY HEALTH BOARD
ACTION LOG

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.

Agenda Item:

GIG CYMRU NHS WALES – Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board	**CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN ANEURIN BEVAN UNIVERSITY HEALTH BOARD MEETING**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	08 September 2026
CYFARFOD O: MEETING OF:	Mental Health and Learning Disabilities Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Mental Health Act Update Report Q1 2026-27
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

Sefyllfa / Situation

The report provides activity information on the use of the Mental Health Act over Quarter 1, April – June 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.

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

Cefndir / Background

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

The hospital managers must ensure that patients are detained only as the Act allows, that their treatment and care is fully compliant, and that patients are fully informed of, and are supported in exercising their statutory rights. Hospital Managers must also ensure that a patient's case is managed in line with other legislation which may have an impact, including the Human Rights Act 1998 and the Data Protection Act 2018 and UK General Data Protection Regulation.

In respect of the Data Protection Act 2018 and UK General Data Protection Regulation, 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 designed to provide information on trends and analysis of the use of the Mental Health Act and associated processes and to provide assurance to the Health Board that there are adequate governance arrangements in place to ensure the fair and lawful application of the act. The Mental Health and Learning Disabilities Division will continue to develop and refine the report as required.

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

- General activity and detentions under the Act during this period were similar compared to the last period with 238 detentions in Quarter 1, compared to 235 detentions in Q4.

- There has been a significant reduction in the number of rectifiable errors, with only 2 this quarter, a reduction from 15 in the last quarter. Training provided by the MHA Administration Department around the receipt and scrutiny of MHA documentation is proving effective in reducing the number of rectifiable errors.

- There was 1 unlawful detention identified within this quarter. Regrettably, it was identified that the last two pages of the form CP1 in respect of a CTO were missing following exhaustive enquiries by the Mental Health Act Administration office. As the CP1 is a prescribed statutory document required to authorise a Community Treatment Order under the Mental Health Act 1983 the Health Board was unable to evidence that the CTO was lawfully implemented.

- The use of Section 136 continues to be higher than average. A total number of 128 detentions took place in the quarter with 101 individuals detained. 19 assessments were undertaken on individuals with repeat 136 detentions. The Adult Directorate are continuing to engage with multi agency partners to seek alternatives to the 136 process for frequent attenders. See further analysis of trend below.

- There has been an increase in the number of new Community Treatment Orders (CTOs) during Quarter 1, rising from 11 in the previous quarter to 18. Whilst no single operational or clinical factor has been identified to account for this increase, review of cases indicates that clinicians continue to utilise CTOs where they are considered the least restrictive option to support treatment adherence and reduce the risk of relapse within the community. The Division will continue to monitor CTO activity and associated outcomes to identify any emerging trends or changes in practice.

Section 136 analysis

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 place other than a private dwelling to a place of safety.
Following the assessment of the detainee, the section 12 approved doctor must make a clinical decision as to whether the individual should be informally admitted or compulsorily admitted into care.
Following the psychiatric assessment, the section 12 doctor, in consultation with the AMHP will decide the outcome:-

- be released from the section 136
- be admitted to hospital on an informal basis
- or an on- going assessment for consideration of detention under the Mental Health Act.

The number of 136 detentions by quarter Q1 2025/26 – Q1 is shown 2026/27 below:

Section 136 of the MHA	Q1 2025/26	Q2 2025/26	Q3 2025/26	Q4 2025/26	Q1 2026/27
TOTAL	**109**	**126**	**98**	**128**	**128**
% change		+16%	-22%	+31%	-

In respect of 136 detention trends, over the past 5 years the numbers have increased as follows.

	2021/22	2022/23	2023/24	2024/25	2025/26
Section 136	318	326	401	444	461
% year on year change		+3%	+23%	+11%	+4%
5-year change					+45%

In terms of the general rise in 136 detentions over time, there are several factors which may affect this, for example, increase in drug and alcohol use, limited alternatives to admission, particularly, where there is non-compliance with community treatment. Other contributory factors which may result in a 136 detention, include the higher

number of individuals who are homeless, experiencing financial issues and/or lack of family support.

Number of repeat admissions in Q1

2026/27	No of 136 Detentions	No of Individuals
Quarter 1	128	101

- 19 patients were detained more than once in the quarter

Frequency of presentation (Q1)	No of patients	% of individuals detained
4	2	2
3	4	4
2	13	13
1	82	82

Persons detained under section 136 on more than 2 occasions over a short period are referred to the multiagency forum for a professionals meeting. Inter-agency work is central to delivering effective services that meet the needs of service users/mentally disordered offenders. The aim of the professionals meeting is to review the circumstances leading to repeated Section 136 detentions, share relevant information, assess current risks, identify unmet needs, and agree a coordinated multi-agency plan to reduce future crises and improve outcomes for the individual. Aims include:

- Improve understanding of the individual's mental health needs.
- Agreement on diagnosis, formulation, or further assessment requirements.
- Identification of unmet health needs and appropriate interventions.
- Improve engagement with mental health services.
- Shared understanding of current risks and protective factors.
- Agree multi-agency risk management plans.
- Clear actions to reduce risks of self-harm, suicide, exploitation, or harm to others.

Current actions

We continue to review repeat 136 attenders and have undertaken work with our Hiraeth Service (specialist psychology service) for those patients with a EUPD (emotionally unstable personality disorder) diagnosis. Since April, there has been a reduction in this group reattending.

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:	Not applicable
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	Choose an item. 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

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Report on the use of The Mental Health Act, 1983

April – June 2026

(Quarter 1)

Contents

1. Introduction

This report provides information relating to the use of the Mental Health 1983 (the Act) within Aneurin Bevan University Health Board during Quarter 1, 2026/27. The purpose of the report is to ensure that the Mental Health Act 1983 is being carried out and operating properly within the health board.

2. Summary

There has been a combination of trends in quarter 1 2026/27. These have been summarised below:

- General activity and detentions under the Act during this period were on the whole slightly higher than average, however this was in line with normal variation in activity between periods with no specific underlying reasons identified.

- There has been a decrease in the number of rectifiable errors this quarter demonstrating that the training being conducted by the MHA Administration Department around the receipt and scrutiny of MHA documentation has been effective in reducing the number of rectifiable errors. MHA scrutiny training is now compulsory within MH/LD, with training sessions scheduled until the year end with excellent uptake from staff.

- There was 1 unlawful detention identified within this quarter. It was identified that the last two pages of the form CP1 were missing following exhaustive enquiries by the Mental Health Act Administration office. As the CP1 is a prescribed statutory document required to authorise a Community Treatment Order under the Mental Health Act 1983 the Health Board was unable to evidence that the CTO was lawfully implemented. This is a very rare occurrence; the ward manager has implemented additional checks when receiving detention papers

- The use of Section 136 continues to be higher-than-average. Investigations by senior RC's have concluded there are no specific reasons identified for this. A total number of 128 detentions took place in the quarter with 101 individuals detained. 19 individuals underwent repeat 136 detention. The Adult Directorate are continuing to engage with multi agency partners to seek alternatives to the 136 process for frequent attenders.

- There has been a higher-than-average increase of 64% in the number of new CTO's, increasing from 11 in quarter 4 to 18 this quarter.

Although no single factor has been identified, clinicians report continued use of CTOs where they are considered the least restrictive mechanism to support treatment adherence within the community.

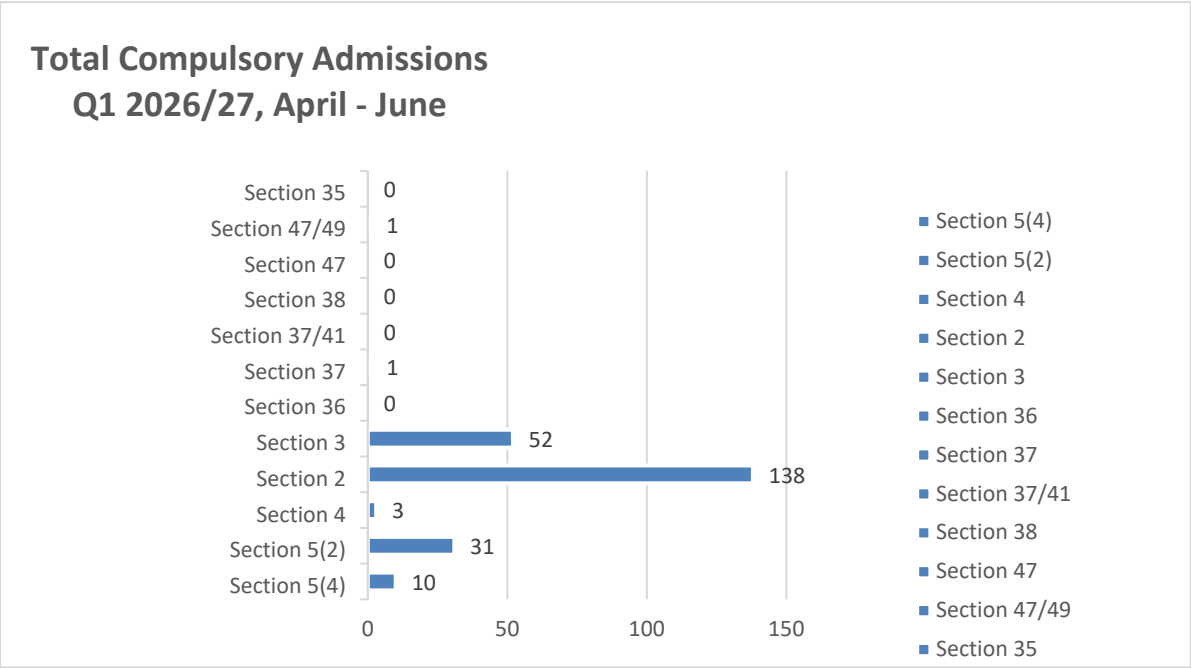
Use of the different sections are shown in the table below. These are in comparison to average numbers based over the previous 5 years (April 2022 – June 2026).

Section of MHA	Average per Qtr.	Qtr. 1	Trend	Notes
5(4)	11	10	↓	A slightly lower than average use of this holding power.
5(2)	33	31	↓	A slightly lower than average use of this holding power.
2	125	138	↑	A higher than average use of this section.
3	48	52	↑	A higher than average use of this section.
4	4	3	▬	An average number of patients were detained on Section 4 during the quarter.
17A (CTO)	9	18	↑	A higher than average number of CTO patients during the quarter.
135	3	2	↓	Consistent use of this section, however there are data completeness issues with the gathering of Section 135 data.
136	101	128	↑	A higher than average use of this section.
Part III	3	4	↑	Similar number of Part III detentions.

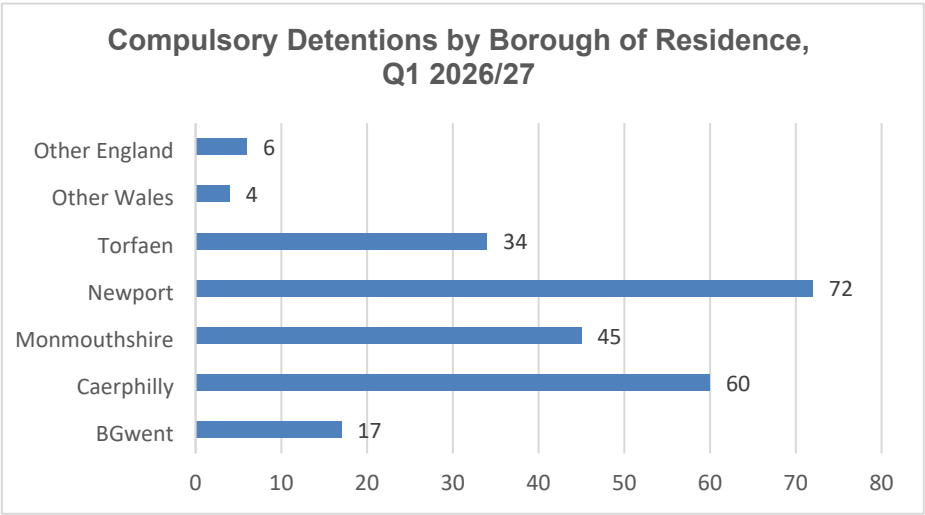
3. Findings and Information

3.1 Inpatient Mental Health Act Activity, Q1 2026/27

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



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



Borough	Detentions Q1 2026/27	Population (000's)	Detentions per 1,000 population Q4 2025/26 (Previous Qtr.)
Caerphilly	60	177	**0.3 (0.5)**
Newport	72	168	**0.4 (0.3)**
Monmouthshire	45	95	**0.5 (0.3)**
Torfaen	34	94	**0.4 (0.4)**
Blaenau Gwent	17	68	**0.3 (0.3)**

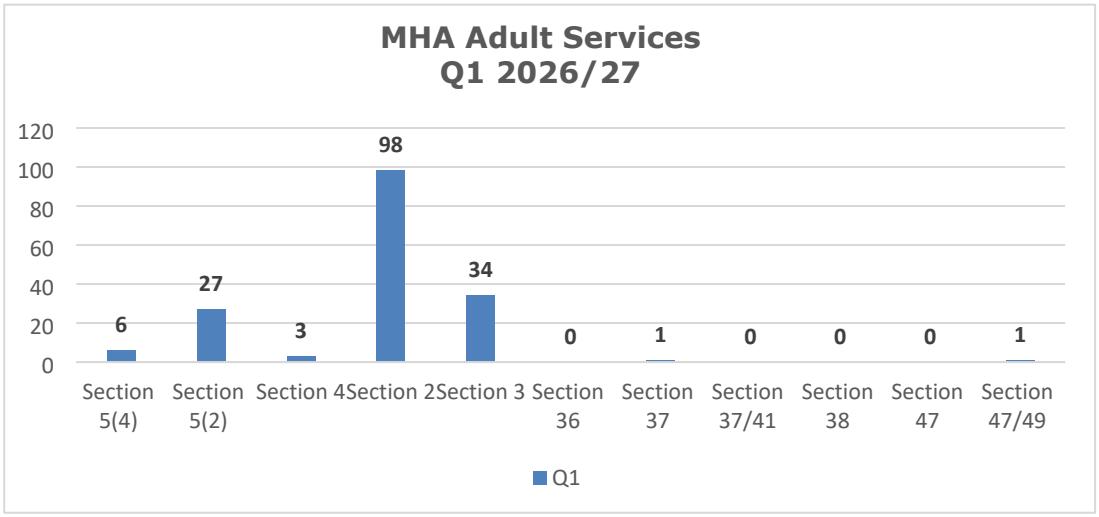
In comparison to the previous quarter these has been a 1% increase in the overall number of patients detained under the Act. Compared to the same quarter of last year (25/26) there has been a 7% increase.

Section	Q1 2025/26	Q2 2025/26	Q3 2025/26	Q4 2025/26	Q1 2026/27
Section 5(4)	11	4	14	14	10
Section 5(2)	35	35	41	44	31
Section 4	3	1	3	4	3
Section 2	122	122	144	122	138
Section 3	51	54	67	51	52
Section 35	0	0	0	0	0
Section 36	0	0	0	0	0
Section 37	0	1	1	0	1
Section 37/41	0	0	2	0	0
Section 38	0	0	0	0	0
Section 47	0	0	0	0	0
Section 47/49	0	0	0	0	1
Section 48	0	0	0	0	0
Section 48/49	0	1	1	0	2
TOTAL	**222**	**218**	**273**	**235**	**238***

*includes 10 out of area

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 over half (57%) of all admissions are under Section 2 (Assessment) of the MHA, with 20% of detentions under section 3 (Treatment) and 2% under Section 4. 19% of all adult detentions were under Section 5 of the Act. There was an overall increase (4%) in the number of detentions compared to the previous quarter.

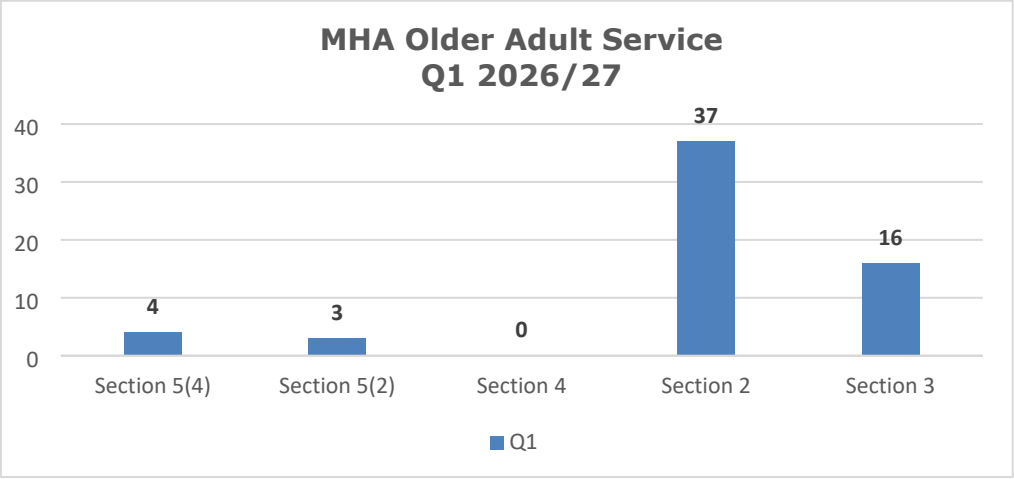


Section	Q1 2025/26	Q2 2025/26	Q3 2025/26	Q4 2025/26	Q1 2026/27
Section 5(4)	9	2	10	10	6
Section 5(2)	29	29	37	37	27
Section 4	3	1	3	3	3
Section 2	84	83	98	81	98
Section 3	40	39	50	35	34*
Section 35	0	0	0	0	0
Section 36	0	1	0	0	0
Section 37	0	0	1	0	1
Section 37/41	0	0	2	0	0
Section 38	0	0	0	0	0
Section 47	0	0	0	0	0
Section 47/49	0	0	0	0	1
Section 48	0	0	0	0	0
Section 48/49	0	1	1	0	2
TOTAL	**165**	**156**	**202**	**166**	**172**

* This figure includes a notional 37 detention. A notional 37 detention begins if a patient is still in hospital when their prison sentence ends.

3.1.2 MH Older Adult Compulsory Admissions under the MHA 1983

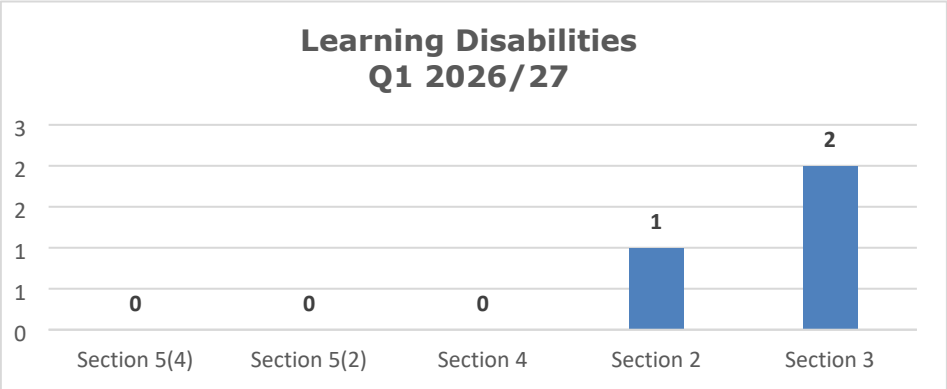
Within the older adult population patients admitted and detained, 88% were admitted under Sections 2 or 3 of the MHA with 12% admitted under Section 5 provision. There was an 7% increase in the number of detentions compared to the previous quarter.



Section	Q1 2025/26	Q2 2025/26	Q3 2025/26	Q4 2025/26	Q1 2026/27
Section 5(4)	2	1	2	4	4
Section 5(2)	3	5	2	4	3
Section 4	0	0	0	1	0
Section 2	34	30	41	32	37
Section 3	8	14	14	15	16
TOTAL	**47**	**50**	**59**	**56**	**60**

3.1.3 Learning Disabilities Compulsory Admissions under the MHA 1983

There are very small numbers of Learning Disability compulsory admissions, and all were admitted under Sections 2 or 3 of the MHA. There was a reduction in the number of detentions compared to the previous quarter, although is in line with general variation of previous quarters.



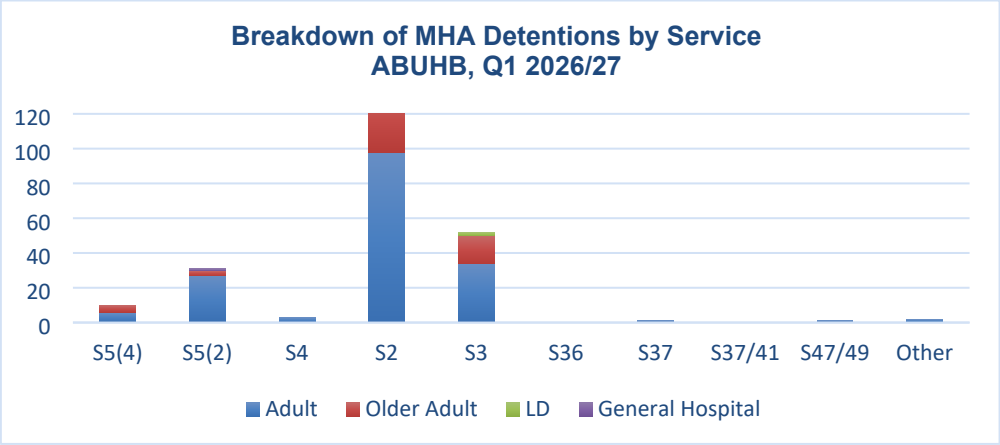
Section	Q1 2025/26	Q2 2025/26	Q3 2025/26	Q4 2025/26	Q1 2026/27
Section 5(4)	0	1	2	0	0
Section 5(2)	0	1	1	1	0
Section 4	0	0	0	0	0
Section 2	2	1	2	3	1
Section 3	2	0	2	1	2
TOTAL	**4**	**3**	**7**	**5**	**3**

3.1.4 General Hospital Compulsory Admissions under the MHA 1983

There were 3 patients detained under the MHA in a General Hospital setting, 2 were admitted under Section 2 of the MHA, and 1 admitted under Section 5 provision. This was a reduction from 8 detentions compared to the previous quarter, and in line with expected variation.

Section	Q1 2025/26	Q2 2025/26	Q3 2025/26	Q4 2025/26	Q1 2026/27
Section 5(4)	0	0	0	0	0
Section 5(2)	3	0	1	2	1
Section 4	0	0	0	0	0
Section 2	2	8	3	6	2
Section 3	1	1	1	0	0
TOTAL	**6**	**9**	**5**	**8**	**3**

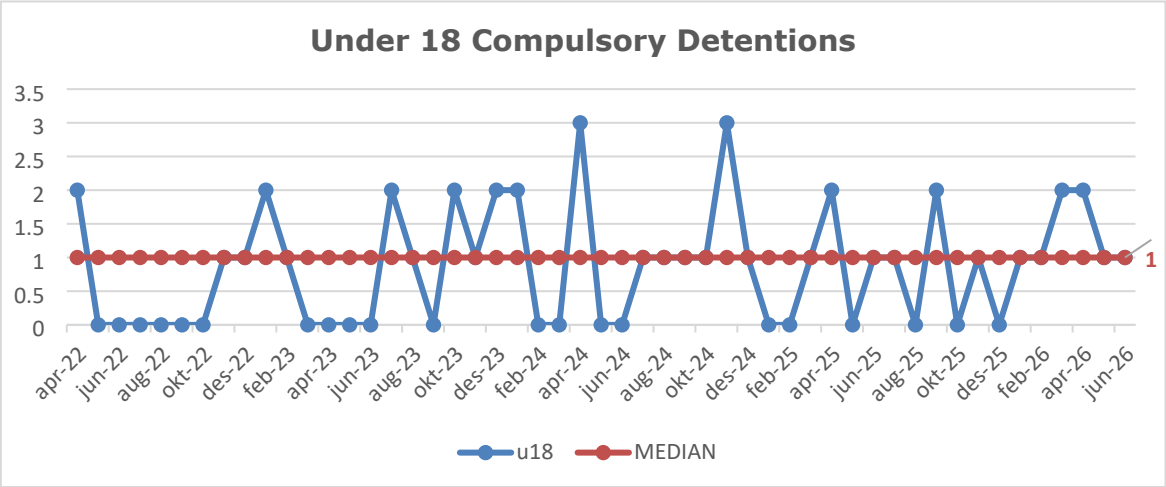
The below chart shows the total number of MHA detentions broken down by service for quarter 1, 2026/27.



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.

Under 18 years Detentions	Q1 2025/26	Q2 2025/26	Q3 2025/26	Q4 2025/26	Q1 2026/27
Section 5(4)	0	0	0	0	0
Section 5(2)	0	0	0	0	0
Section 2	2	2	1	4	4
Section 3	1	0	0	0	0
CTO	0	1	0	0	0
TOTAL	**3**	**3**	**1**	**4**	**4**



A higher number of admissions can create safety concerns 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 MH senior 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 and reports any concerning trends to Senior Management. The increase over previous quarters remains small in numerical terms but is being monitored through regular discussions with CAMHS leaders. Cases are reviewed individually, escalation processes are in place, and work continues with regional specialist providers to improve access to age-appropriate placements.

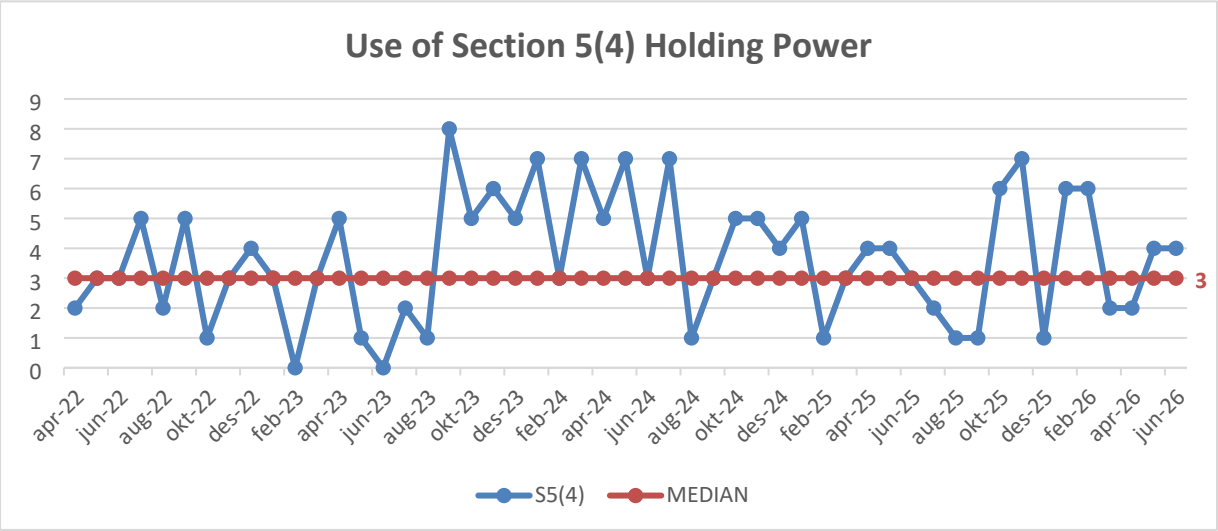
3.2 Trend Analysis of the main compulsory admissions across all services from April 2022 to June 2026

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 10 uses of this holding power over the quarter. This is a 29% decrease compared to the previous quarter.
- 8 of the S5(4) resulted in a doctor/approved clinician detaining the patient under Section 5(2).
- 2 powers ended or lapsed without further detention under the MHA.

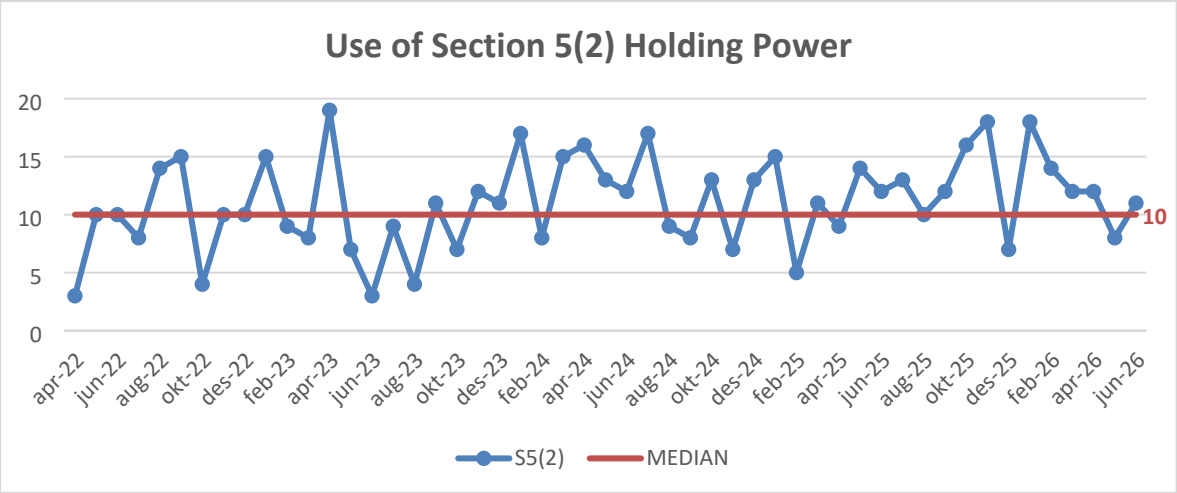


Outcome of Section 5(4) – Q1 2026/27

Outcome	Total
Lapsed	1
Ended	1
Section 5(2)	8
Section 2	0
Section 3	0
Total	**10**

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 31 uses of this holding power over the quarter. This is a 30% decrease compared to the previous quarter.
- 45% of these resulted in the patient being detained under section 2.
- 13% of these resulted in the patient being detained under section 3.
- 42% of these ended or lapsed without further detention under the MHA.



Outcome of Section 5(2) – Q1 2026/27

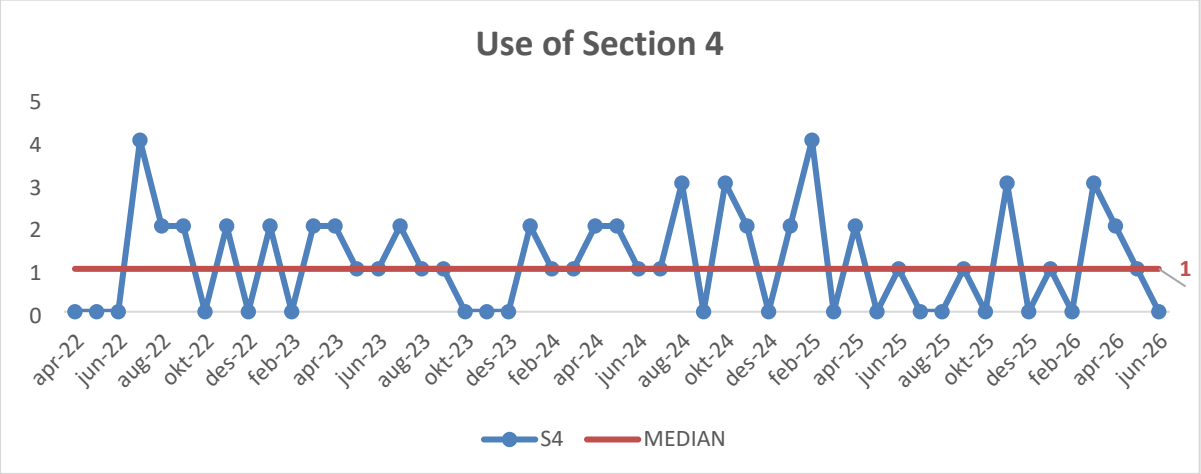
Outcome	Total
Lapsed	2
Ended	11
Section 2	14
Section 3	4
Total	**31**

3.2.2 Section 4 – Admission for Emergency

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

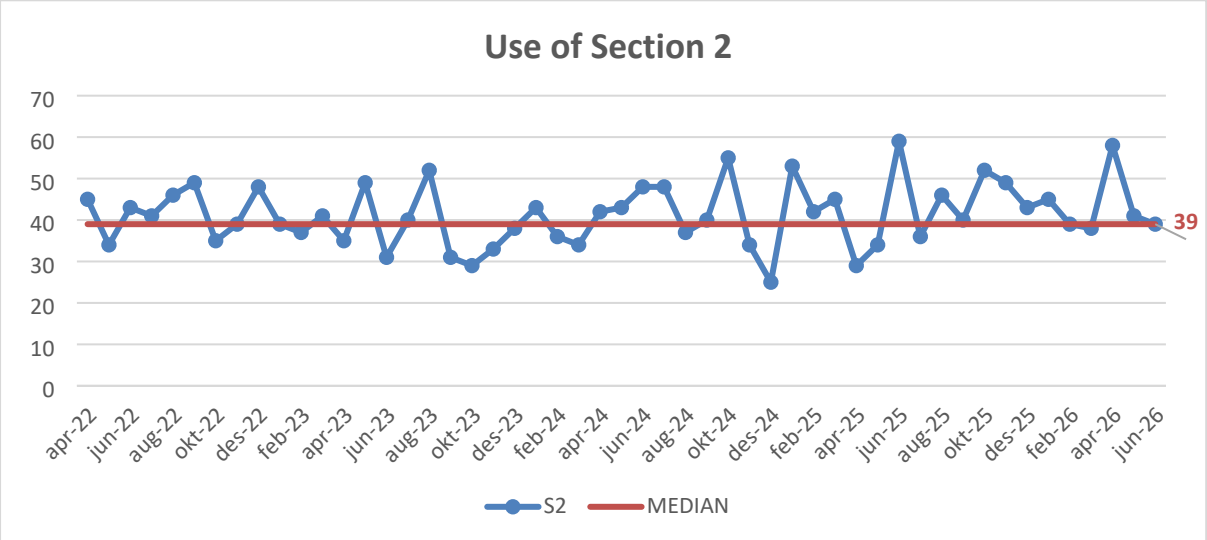
- Section 4 was used on 3 occasions during this quarter.
- All uses of section 4 this quarter were proportionate and reasonable in the circumstances.

- All 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 138 detentions were made using section 2 in this quarter. This is above the quarterly average (based on the past 5 years) of 125. Whilst there is some variance month to month and quarter to quarter, the use of section 2 is consistently within expected controls. This is an increase of 13% in comparison to the previous quarter, although no particular causal factors have been identified.

- These accounted for 58% of all detained admissions.
- 71% of these were in adult mental health services.
- 27% of these were in older adult mental health services.

- 1% of these were within a general hospital setting.
- 1% of these were within the learning disabilities service.

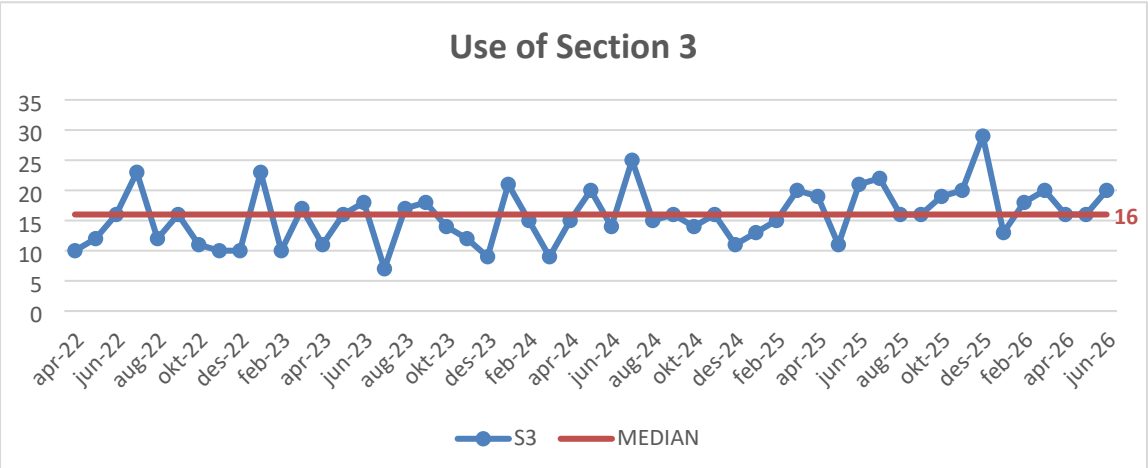
Outcome of Section 2, Q1 2026/27

Outcome	Total
Expired	8
Regraded S3	32
Transferred	7
Deceased	0
Ended: 0-3 days	8
Ended: 4-14 days	42
Ended: 15-28 days	41
Total	**138**

During this quarter 6% of section 2 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 and ward staff. Each lapse is reviewed by the Mental Health Act Administration Team and escalated to the relevant Responsible Clinician and Ward Manager. Monthly reviews of expiry dates are undertaken, reminder systems are in place and learning is shared through governance meetings. No patient safety concerns were identified from the lapses recorded in this quarter.

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 52 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. Some of the increase could be attributed to the increase in Section 2's regraded to Section 3's
- These accounted for 22% of all detained admissions.
- 65% of these were in adult mental health services.
- 31% of these were in older adult mental health services.
- 4% of these were within the learning disabilities service.

Outcome of Section 3, Q1 2026/27

Outcome	**Total**
Expired	0
Ended	16
Regraded-CTO	1
Renewed	0
Transferred	0
Deceased	1
Ongoing (as of 20/07/2026)	34*
Total	**52**

*This figure includes a notional 37 detention. A notional 37 detention begins if a patient is still in hospital when their prison sentence ends.

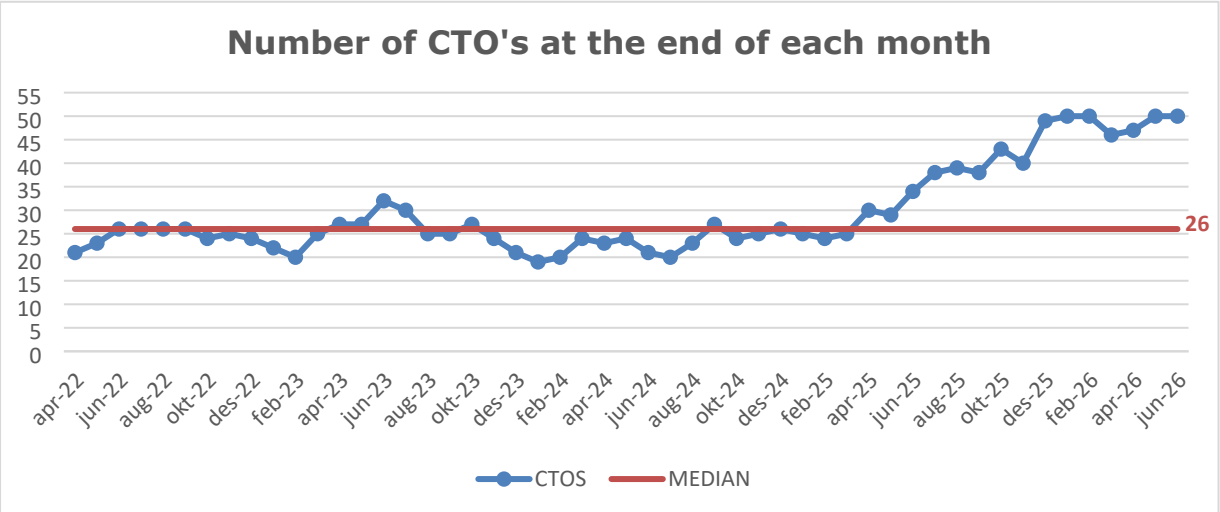
3.2.5 Renewal of In-patient Detentions under the MHA 1983

The table below shows the number of renewals of inpatient detentions has increased in comparison to the previous quarter, although remains within expected variation.

Section	**Q1 2025/ 26**	**Q2 2025/ 26**	**Q3 2025/ 26**	**Q4 2025/ 26**	**Q1 2026/ 27**
Section 3 renewal	9	7	11	8	12
Section 37 renewal	1	0	0	1	0
Section 47 renewal	0	0	0	0	0
TOTAL	**10**	**7**	**11**	**9**	**12**

3.2.6 Section 17A – Community Treatment Orders

There were 50 Community Treatment Orders in place as at 30th June 2026.



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

Power	Q1 2025/26	Q2 2025/26	Q3 2025/26	Q4 2025/26	Q1 2026/27
CTOs made	15	12	21	11	18
CTOs extended	5	4	12	9	14
Recalled to hospital and not admitted	1	6	1	2	2
Recalled to hospital and revoked	4	4	5	9	5
Discharged from CTO	2	4	5	5	6

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 was 1 unlawful detention 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. To further support reduction, additional administrative checks have been implemented, local learning shared and compliance will be monitored through routine audit.

	Q1 2025/26	Q2 2025/26	Q3 2025/26	Q4 2025/26	Q1 2026/27
Unlawful Detentions	**3**	**2**	**1**	**0**	**1**

- Invalid CTO – It was identified that the last two pages of the form CP1 were missing following exhaustive enquiries by the Mental Health Act Administration office. As the CP1 is a prescribed statutory document required to authorise a Community Treatment Order under the Mental Health Act 1983 the Health Board was unable to evidence that the CTO was lawfully implemented. This is a very rare occurrence, but the Ward Manager has implemented additional checks for the Ward Clerk to follow before sending the detention papers.

3.3.2 Failed Medical Scrutiny

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

	Q1 2025/26	Q2 2025/26	Q3 2025/26	Q4 2025/26	Q1 2026/27
Failed Medical Scrutiny	**1**	**0**	**2**	**4**	**4**

3.3.3 Rectifiable Errors on Documents

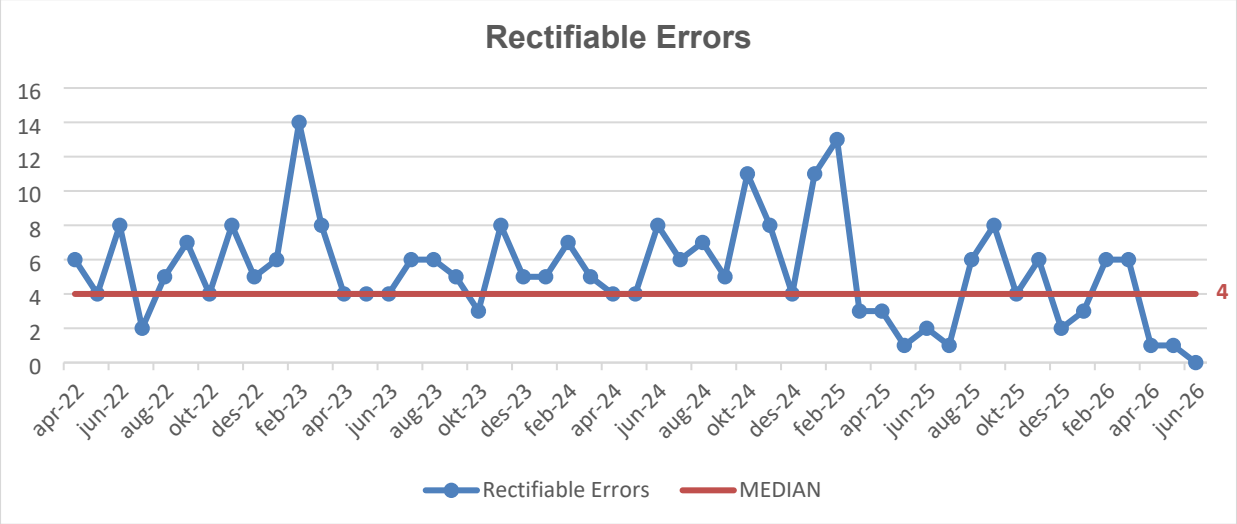
Rectifiable errors are considered a 'slip of a pen'. Section 15 of the Mental Health Act allows for any documents containing rectifiable errors to be amended by the professional who completed the form within 14 days of the date the person was admitted onto a section. Common rectifiable errors include 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 a reduction in the number of rectifiable errors this quarter. Mental Health Act Scrutiny training is now a Mandatory requirement for MH/LD staff within ABUHB, the MHA Administration Department are conducting training sessions around this with attendance being closely monitored to ensure all staff attend the training.

Of the 2 rectifiable errors recorded during the quarter

- 1 required amendment to the address on the HO4.
- 1 required amendment to the HO14.

	Q1 2025/26	Q2 2025/26	Q3 2025/26	Q4 2025/26	Q1 2026/27
Rectifiable errors on document	**6**	**15**	**10**	**15**	**2**



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 quality issues with the completeness of section 135 data as the MHA office does not receive all copies of executed section 135 warrants. The MHA Administration Department continues to work with Gwent Police and partner Local Authorities to implement a standardised processes for collating 135 activity. The issue is a standing item at multi-agency meetings and compliance with data returns being monitored

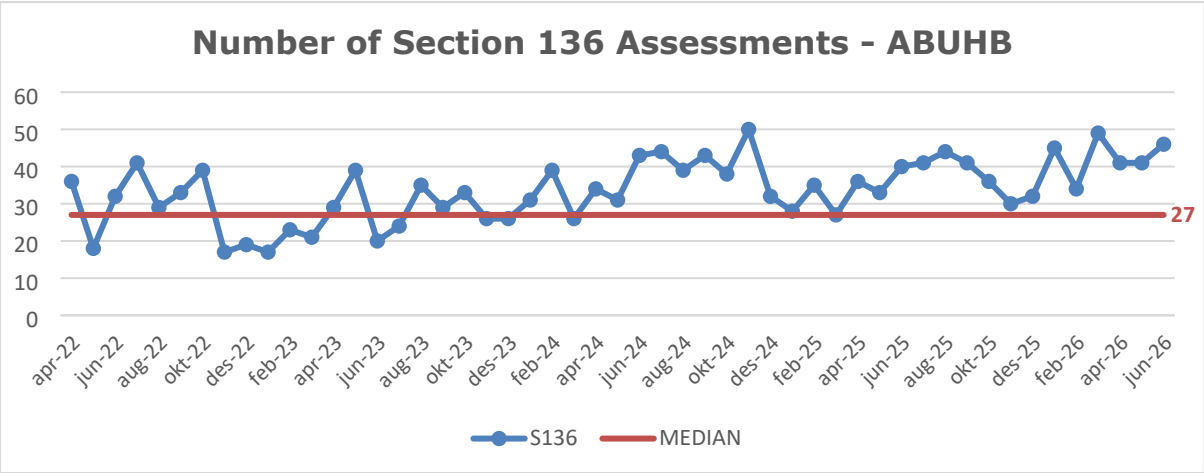
- The table below provides a summary of all available data. This includes both Section 135(1) and Section 135(2).

Section 135 of the MHA	Q1 2025/ 26	Q2 2025/ 26	Q3 2025/ 26	Q4 2025/ 26	Q1 2026/ 27
Assessed and admitted informally	0	0	0	0	0
Assessed and discharged	1	0	0	0	0
Assessed and detained under Section 2	1	3	3	0	2
Assessed and detained under Section 3	1	0	0	0	0
Assessed and CTO Revoked	0	0	0	0	0
Other	0	0	0	0	0
Total	**3**	**3**	**3**	**0**	**2**

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

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

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

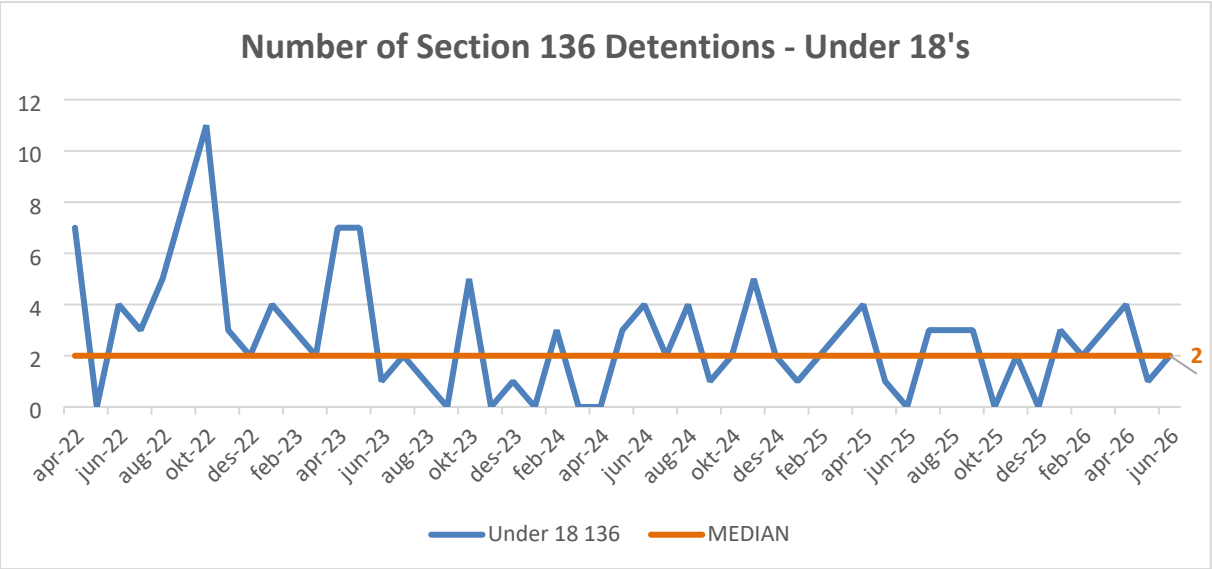


- A total number of 128 assessments took place in quarter 1. This is the same as the previous quarter. This is above the quarterly average (based on the past 5 years) of 101.
- 101 individuals were detained under 136 during quarter 1, 19 individuals were repeat 136 detentions.

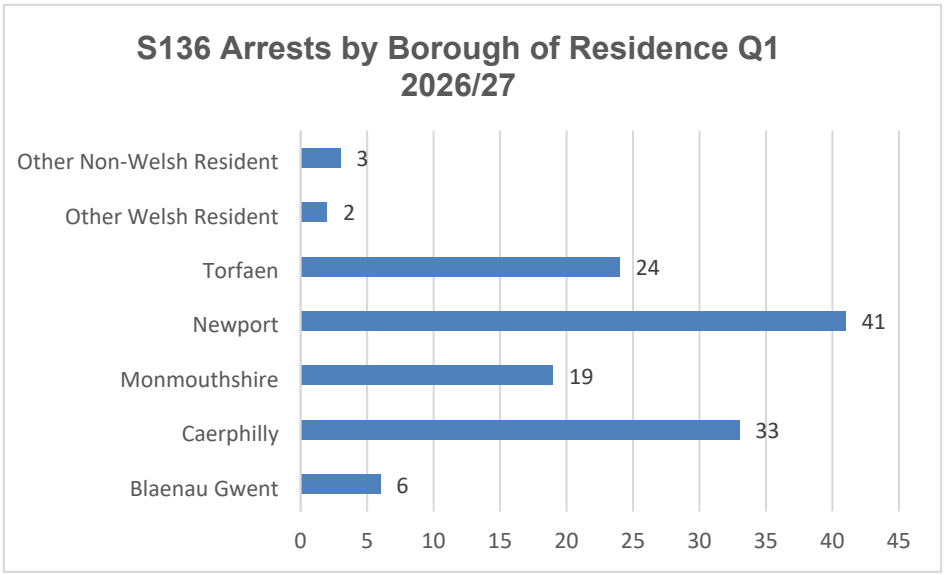
A breakdown of the outcome of 136 assessments is shown in the table below.

Section 136 of the MHA	Q1 2025/26	Q2 2025/26	Q3 2025/26	Q4 2025/26	Q1 2026/27
Assessed and admitted informally	14	26	7	25	22
Assessed and detained under Section 2	26	33	35	26	32
Assessed and detained under Section 3	1	0	2	1	0
Assessed and detained under Section 4	0	0	0	0	0
Discharged – no follow-up required	32	25	28	21	31
Assessed and Recalled under CTO	0	0	0	0	0
Discharged – with follow-up plan	36	40	24	55	42
Section 136 lapsed	0	2	2	0	1
TOTAL	**109**	**126**	**98**	**128**	**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 32% of all assessments.



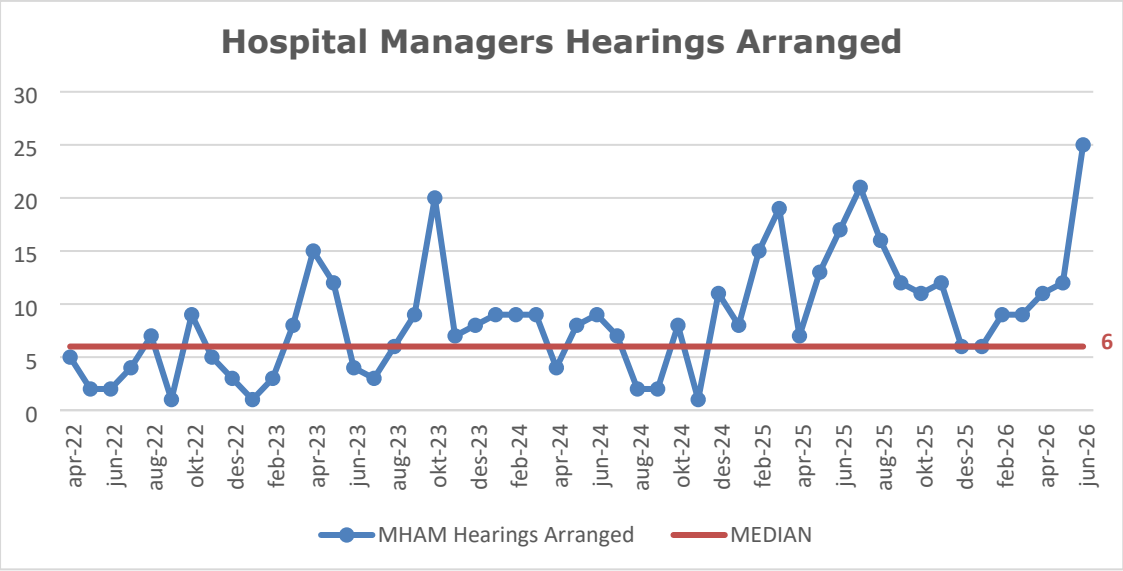
A breakdown of all 128 events is shown below:

Section 136 of the MHA	Q1 2025/26	Q2 2025/26	Q3 2025/26	Q4 2025/26	Q1 2026/27
TOTAL	**N=109**	**N=126**	**N=98**	**N=128**	**N=128**
Gender:					
% Male	46%	40%	57%	45%	50%
% Female	48%	59%	42%	53%	49%
% Other	6%	1%	1%	2%	1%

Place of Safety: % Hospital % Police Station	99% 1%	100% 0%	100% 0%	100% 0%	99% 1%
% Under 18 Years	5%	7%	2%	6%	5%
Use of Illicit Substances: % Alcohol % Drugs % Both Alcohol and Drugs	21% 12% 5%	14% 14% 3%	24% 4% 8%	20% 6% 7%	28% 9% 5%
Where Assessment took place: % Hospital % Police Station	100% 0%	98% 0%	98% 0%	100% 0%	99% 0%
12 Hour extension required /granted	3%	1%	1%	0%	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.

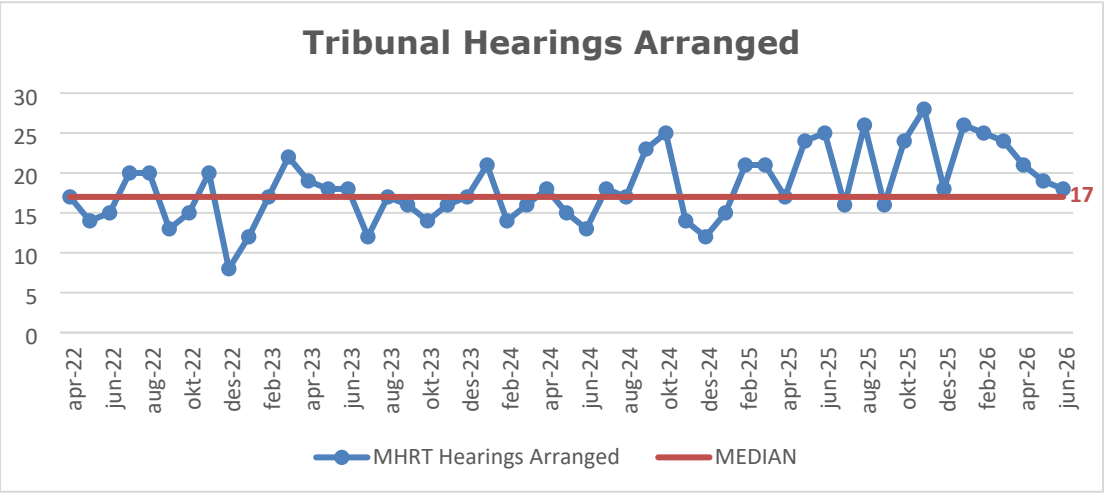
Hospital Manager Hearings	Q1 2025/26	Q2 2025/26	Q3 2025/26	Q4 2025/26	Q1 2026/27

Applications by patient – Inpatient	**0**	**0**	**0**	**0**	**0**
Applications by patient – CTO	**0**	**0**	**0**	**0**	**0**
Renewal Hearing Applications – Inpatient	**20**	**22**	**21**	**22**	**29**
Renewal Hearing Applications – CTO	**4**	**17**	**15**	**20**	**20**
Barring Hearings	**0**	**0**	**0**	**0**	**0**
Hearing cancelled before being heard	**20**	**17**	**11**	**16**	**24**
Hearing held - Patient Discharged by Hospital Managers	**0**	**0**	**0**	**0**	**0**
Hearing held – Section continued	**0**	**32**	**17**	**0**	**24**

A 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 an overall trend for patients to apply for a Tribunal hearing in favour of a Manager's hearing within the Health Board. The MHRT is a statutory independent body for hearing appeals against detention. However, there has been a downward trend from the beginning of 2026 and a 23% decrease in the number of hearings arranged in Q1 in comparison to the previous quarter.



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

MH Review Tribunal Hearings	Q1 2025/26	Q2 2025/26	Q3 2025/26	Q4 2025/26	Q1 2026/27
Applications by patient – Inpatient	**46**	**50**	**52**	**44**	**42**
Applications by patient – CTO	**4**	**3**	**4**	**3**	**3**
Renewal Hearing Applications – Inpatient	**8**	**6**	**14**	**11**	**13**
Renewal Hearing Applications – CTO	**3**	**0**	**4**	**5**	**6**
Referral by MOJ	**3**	**1**	**0**	**0**	**1**
Referral by Welsh Ministers	**0**	**5**	**0**	**4**	**1**
Outcomes: Hearing Cancelled before being heard	**29**	**34**	**30**	**39**	**33**
Outcomes: Patient Discharged by MHRT	**4**	**3**	**7**	**5**	**2**
Outcomes: Section Continued	**33**	**21**	**33**	**31**	**23**

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)

<u>Short Term Sections</u> (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

<u>Community Treatment Order and related sections</u> (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

<u>Places of Safety Sections</u> (medication cannot be given)

Section 135 Warrant to search and remove

<u>Section 135(1) – warrant to enter and remove</u>

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

<u>Section 135(2) – warrant to enter and take or retake</u>

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 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
Section 47/49 **Transfer of sentenced prisoners (including with 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.

GIG CYMRU NHS WALES — Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board	**CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN** **ANEURIN BEVAN UNIVERSITY HEALTH BOARD MEETING**

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	08 September 2026
CYFARFOD O: **MEETING OF:**	Mental Health and Learning Disabilities Committee
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Mental Health Reform Update
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Leanne Watkins, Chief Operating Officer
SWYDDOG ADRODD: **REPORTING OFFICER:**	Leanne Watkins, Chief Operating Officer Sandra Mason, Asst Director of Mental Health & Learning Disability

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

ADRODDIAD SCAA **SBAR REPORT**
Sefyllfa / Situation The Mental Health Act reforms, which received Royal Assent on 18 December 2025, is to strengthen patient rights, safeguarding and involvement in decisions, while limiting detention to when necessary.
Cefndir / Background

Wales is developing its Code of Practice and implementation roadmap, with phased rollout expected from 2027 and potentially lasting up to ten years.
Asesiad / Assessment The committee needs early oversight because the reforms will have significant financial, workforce, training, systems and service-delivery implications. Briefing the members of the Committee now will support scrutiny of organisational readiness, risks, resource requirements and compliance throughout implementation.
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:	Executive Committee

Effaith: (rhaid cwblhau) **Impact: (must be completed)**	
	Is EIA Required and included with this paper

Asesiad Effaith Cydraddoldeb **Equality Impact Assessment** (EIA) completed	Choose an item. 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.

Mental Health & Learning Disabilities Committee

Mental Health Reform Update

Background

Purpose of the Reforms:

The new Mental Health Act reforms aim to strengthen patients' rights, improve safeguards, promote greater involvement in decision-making, and ensure detention under the Act is used only when necessary.

The Bill Received Royal Assent on the 18/12/2025.

Implementation

- Wales Phased Implementation plan December 2025.
- Welsh Government begin roadmap planning February 2026 – 2027.
- Code of Practice - Formal consultation begins on existing Code of Practice.
- Mental Health Review Tribunal -
  Change of criteria to retain and employ more medical members to cope with increased Tribunals, recruitment drive for of extra administration staff.
- Phased commencement – Care providers begin training for staff and upgrade systems.
- 2027 + - Full roll out of changes - Monitor compliance and quality.

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

Iechyd Meddwl ac Anableddau Dysgu Gwent
Mental Health & Learning Disabilities Gwent
Cyflwyno Gofal sy'n Canolbwyntio ar yr Unigolyn a Thosturiol
Delivering Person Centred & Compassionate Care

Bee-ddwch y Newid
Bee the Change
Iechyd Meddwl ac Anableddau Dysgu
Mental Health & Learning Disabilities

Development of the Welsh Code of Practice

Update

The current focus in Wales is on developing a revised Mental Health Act Code of Practice that reflects Welsh legislation and practice, with Welsh Government working alongside **NHS Wales, Health Boards, professional bodies, third-sector organisations, patients and carers** to ensure services are prepared for the implementation of the new Mental Health Act.

Implementation is expected to commence from 2027 through a phased rollout over a period of up to ten years. Proposed changes are likely to have significant financial, workforce and service delivery implications.

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

Iechyd Meddwl ac Anableddau Dysgu Gwent
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Mental Health & Learning Disabilities

GIG CYMRU NHS WALES – Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board	**CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN** **ANEURIN BEVAN UNIVERSITY HEALTH BOARD MEETING**

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	08 September 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 Louise Turner, Divisional Director for Mental Health and Learning Disability

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
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 Adult Mental Health services. In addition, the report includes updates requested by the Committee on the performance of the 111 *Press 2* service.

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 Mental Health and 111 Press 2 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.

The Committee may also wish to explore with Divisional representatives the work underway within Adult Mental Health Psychological Therapies, including areas that have 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:	ICAUT - Integrated Crisis Assessment & Urgent Team
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol:	Executive Committee

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	Choose an item. 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
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GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

GWENT 35
Better health | Better care | Better lives
Iechyd gwell | Gofal gwell | Bywydau gwell

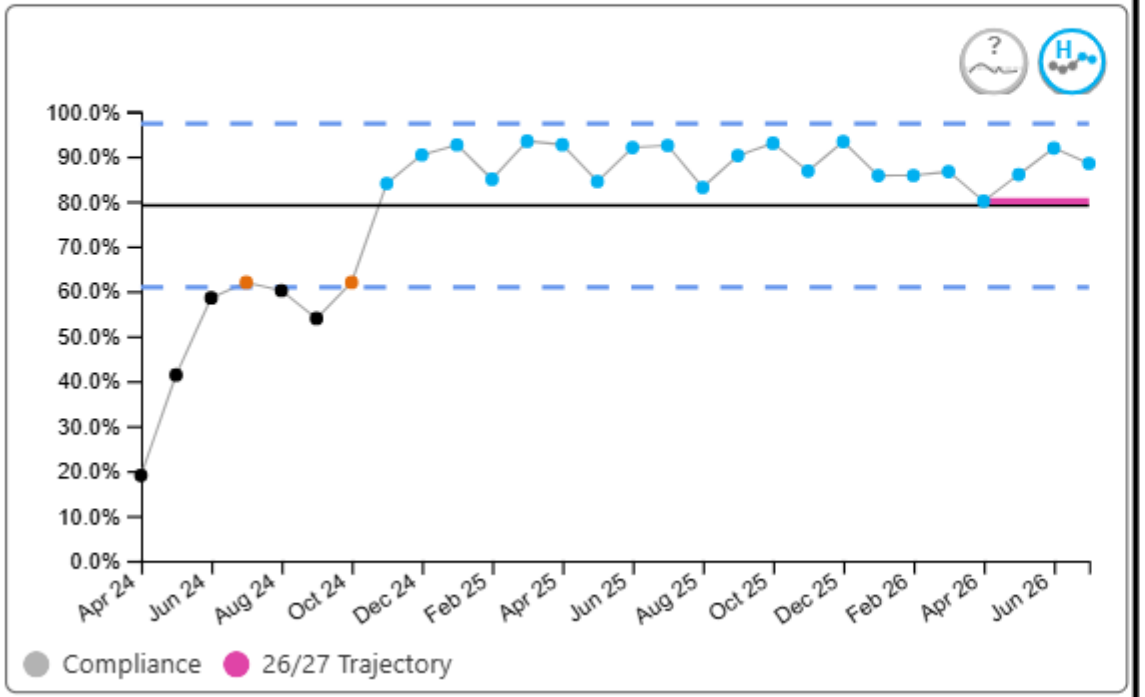
26/27 Annual Plan Performance Against Trajectories: Adult MHLD

2nd September 2026

Adults Part 1

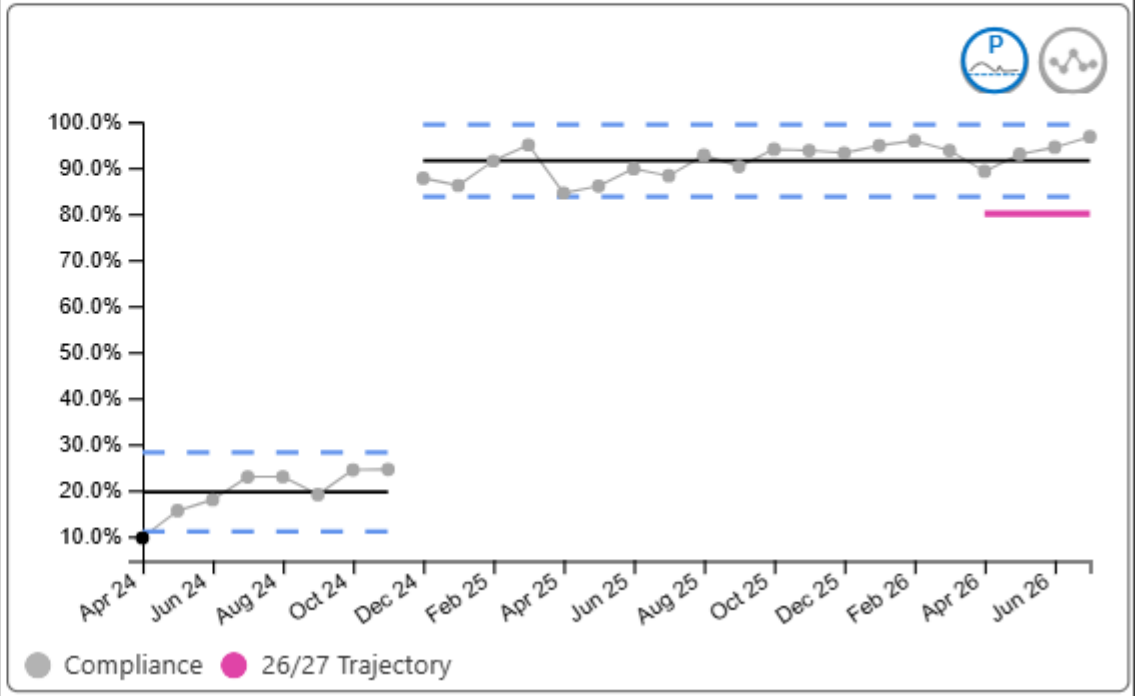
Measure: Maintain Adults Part 1a to national target (assessment completed within 28 days)
Performance: 88.4% (July 2026)
Trajectory: 80.0% (July 2026)
National target: 80.0%

Better Care



Measure: Maintain Adults Part 1b to national target (interventions completed within 28 days)
Performance: 96.7% (July 2026)
Trajectory: 80.0% (July 2026)
National target: 80.0%

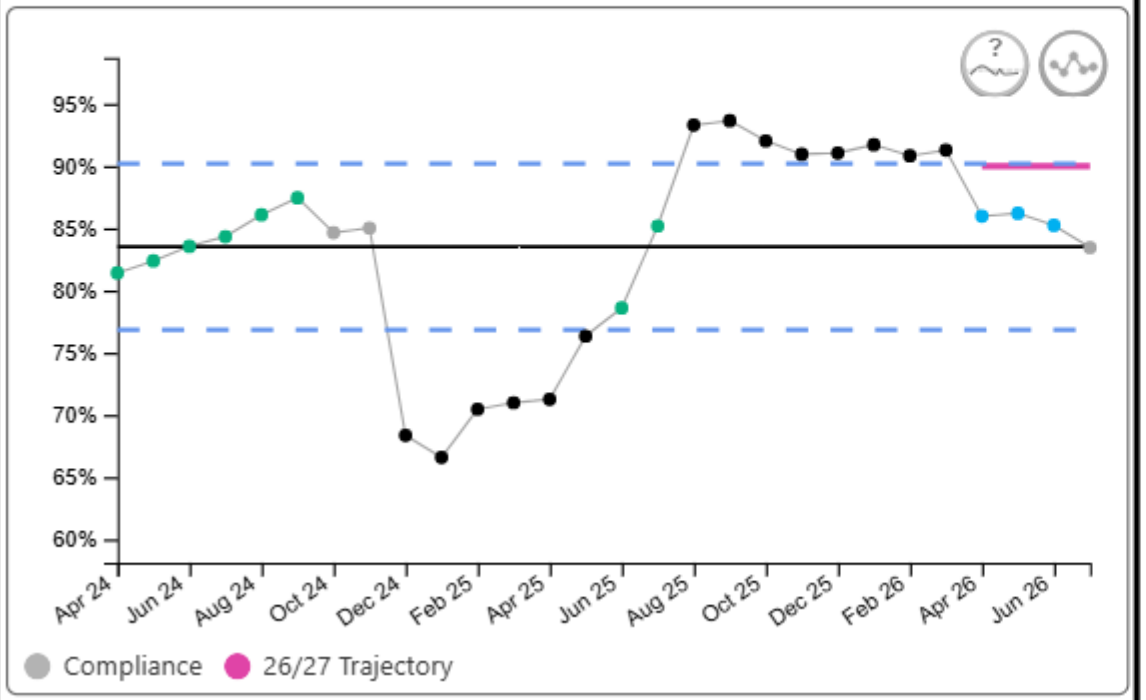
Better Care



Adults Part 2 & Psychological Therapies

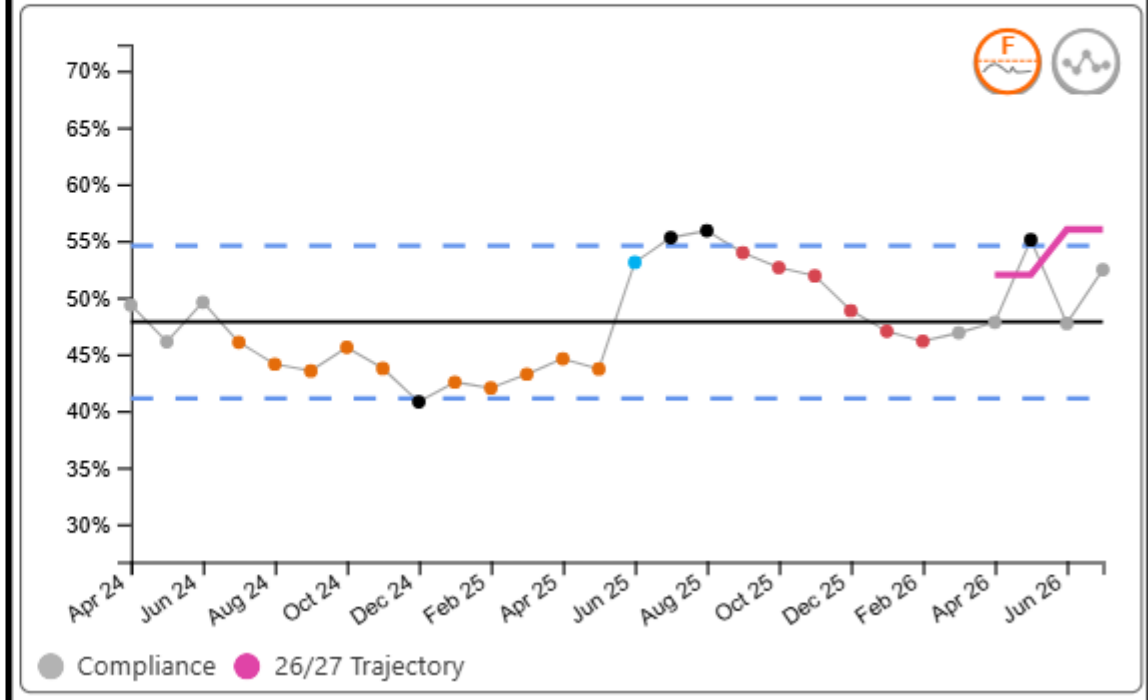
Measure: Maintain Adults Part 2 rates (number of individuals with a valid care and treatment plan)
Performance: 83.5% (July 2026)
Trajectory: 90.0% (July 2026)
National target: 90.0%

Better Care



Measure: Maintain rate of psychological therapy received within 26 weeks
Performance: 52.5% (July 2026)
Trajectory: 56.0% (July 2026)
National target: 80.0%

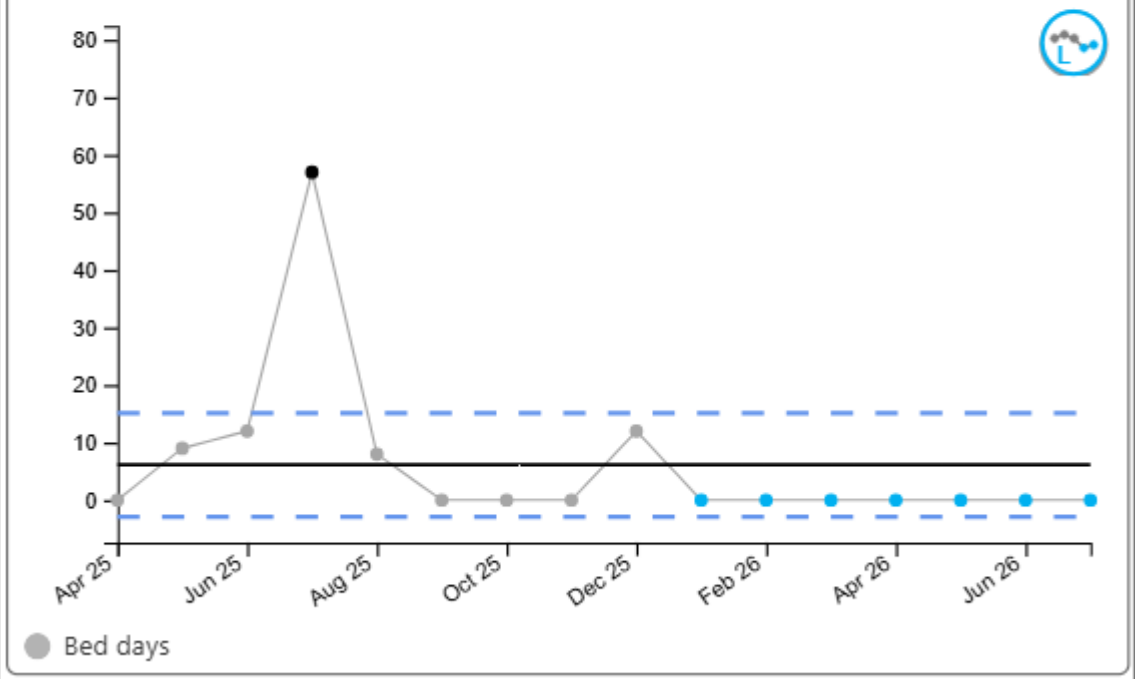
Better Care



Out of Area Placements

Measure: Implement actions to deliver a material reduction in the number of out of area placements in 2026/27, and associated costs.
Performance: 0 (July 2026)
Trajectory: 0 (Q2 26/27)
National target: None

Enabling Action
Better Care

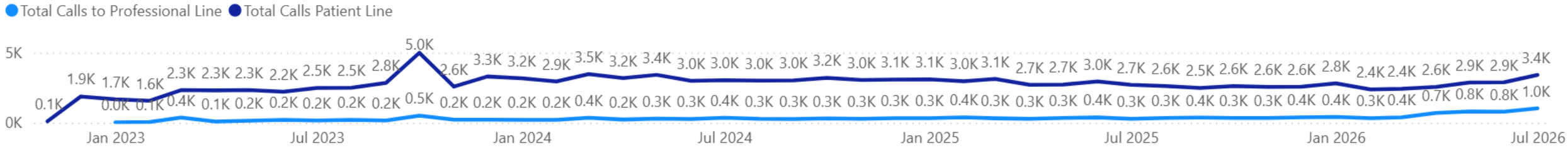


Calls Summary Specific Date

Total Calls During Timeframe	Average Total Calls Per Month Timeframe	Total Calls to Patient Line Timeframe	Total Calls to Professional Line Timeframe	Total Calls Since Jan 2026
137.54K	3.06K	123K	14K	23.81K

Total Calls

Total Calls Patient/Professional Line



Total Calls Answered < 2 Minute

65%

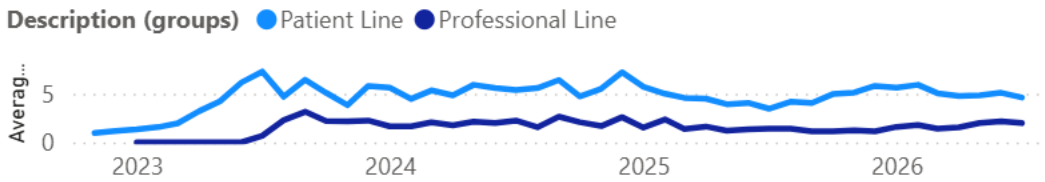
Patient Calls Answered < 2 Minute

62%

Professional Calls Answered < 2 Minute

85%

Average of Waited Time Minutes by Call date/time (Months) and Description (groups)



Average Wait Time All Answered	Average Wait Time Patient Line - Answered
4.2	4.5

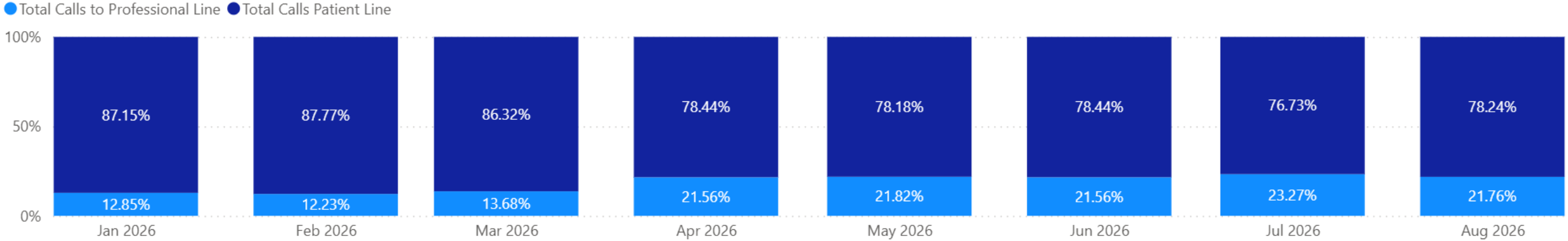
Average Wait Time Professional Line - Answered

1.4

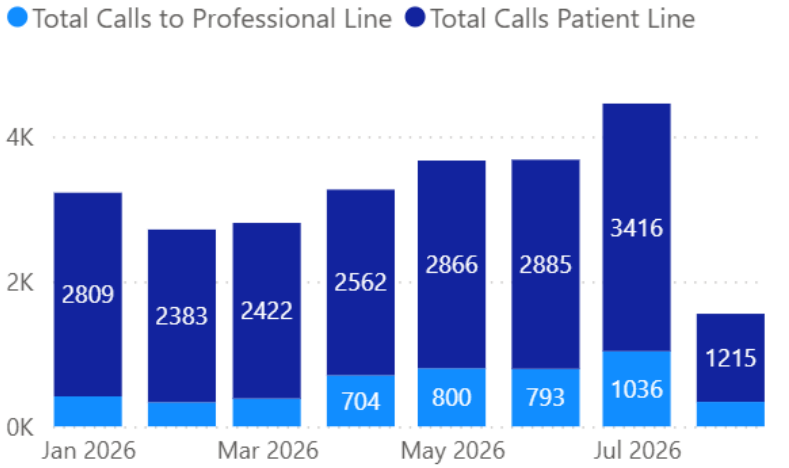
Call date/time (Months)

01/11/2022 01/07/2026

Total Calls Patient/Professional Line



Total Calls Patient/Professional Line



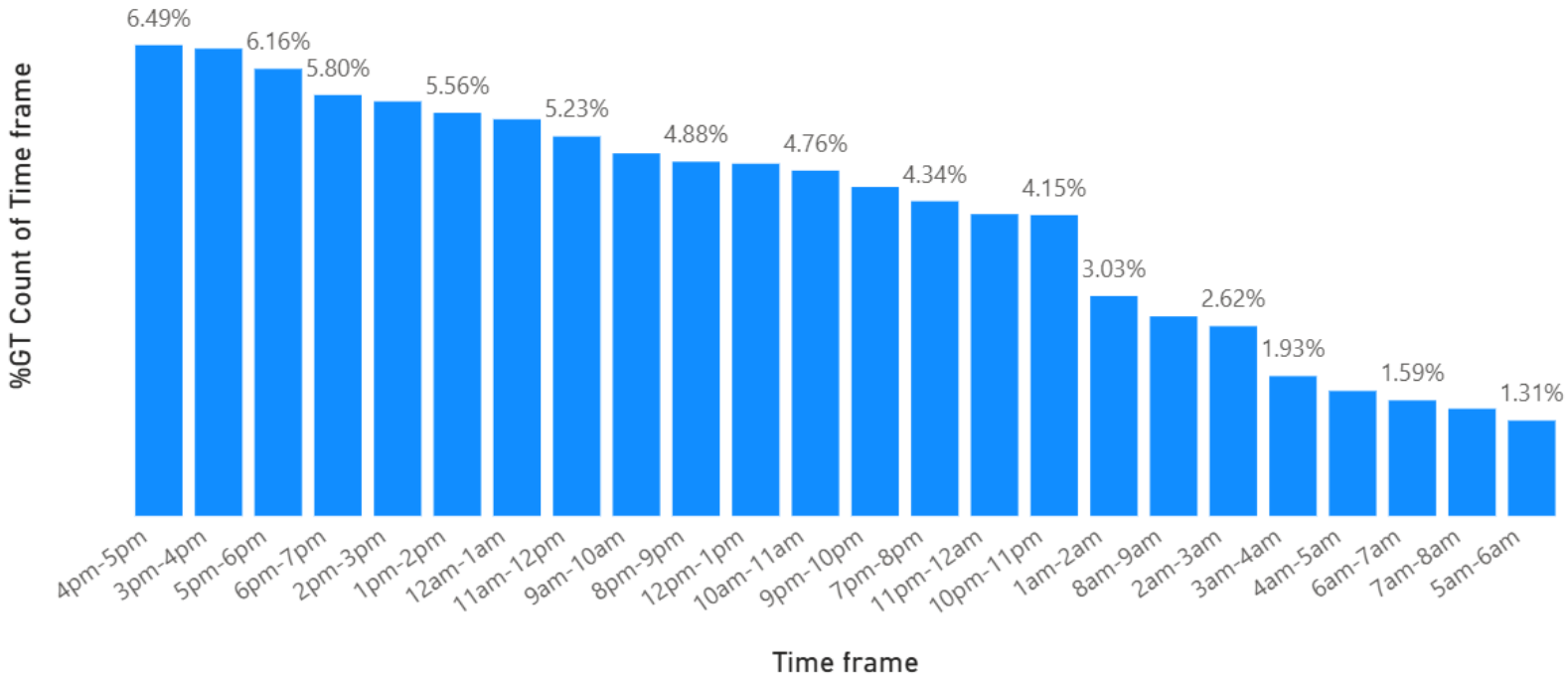
Max Overall Prof Wait Time

104

Max Prof Wait Time Pilot

90

%GT Count of Time frame by Time frame



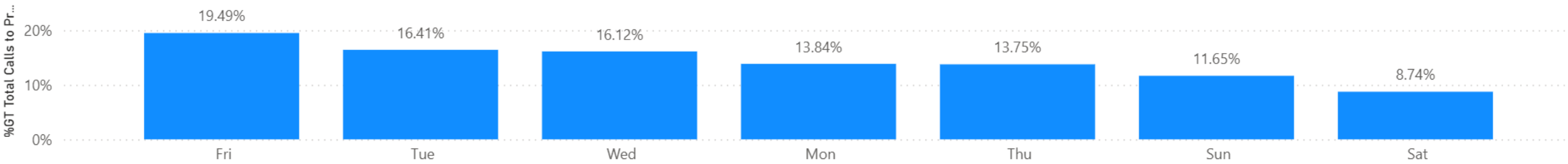
Total Calls by Day and Timeframe

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	26	79	70	57	67	58	38	27	24	16	8	10
B.Tue	27	99	104	64	84	51	32	37	27	16	11	17
C.Wed	18	82	91	82	98	54	37	28	24	20	22	3
D.Thu	16	62	74	87	74	41	33	33	26	17	8	6
E.Fri	27	80	109	76	115	94	44	41	37	19	20	14
F.Sat	14	30	29	38	29	20	41	36	29	11	17	9
G.Sun	24	33	30	31	40	41	41	51	44	38	20	11
Total	**152**	**465**	**507**	**435**	**507**	**359**	**266**	**253**	**211**	**137**	**106**	**70**

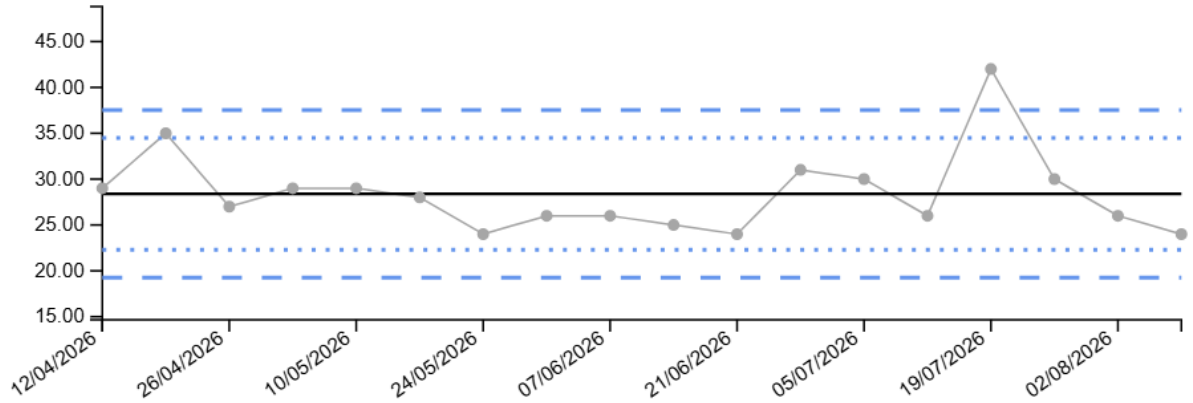
Total Calls by Day and Timeframe

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**
152	465	507	435	507	359	266	253	211	137	106	70	**3468**

%GT Total Calls to Professional Line by Day



Appointments in ICAUT



Overall Appointment Cancellations

21	11	29
Cancelled	CNA	DNA

Crisis Appointments Booked

199

Appointments

Crisis Assessments Attended

191

Appointments

Urgent Appointments Booked

231

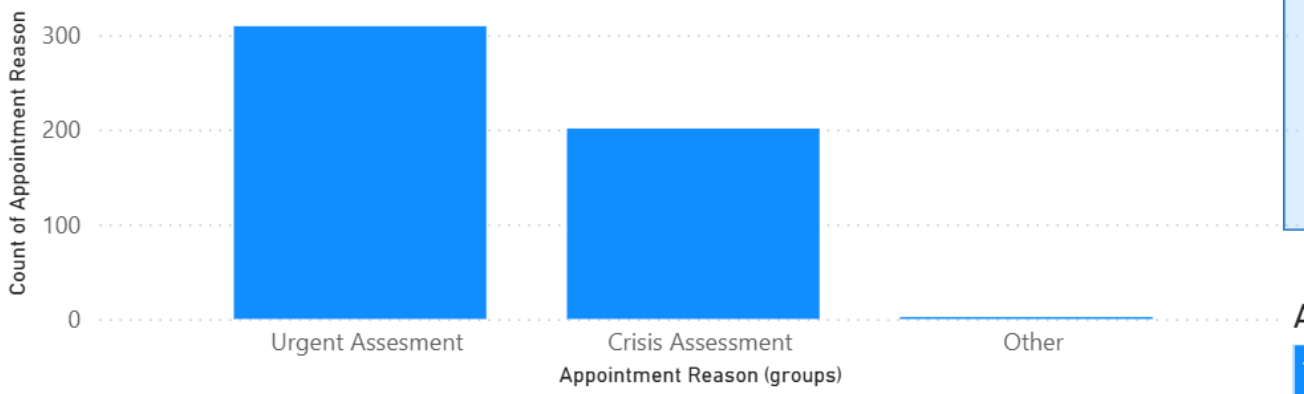
Appointments

Urgent Assessments Attended

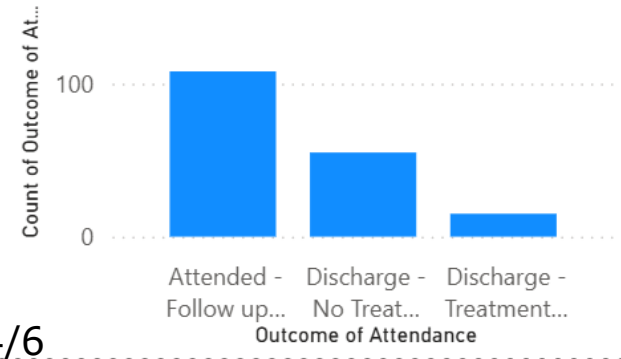
178

Appointments

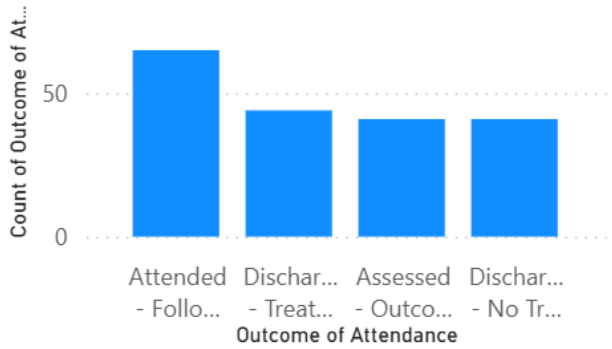
Appointment Reason



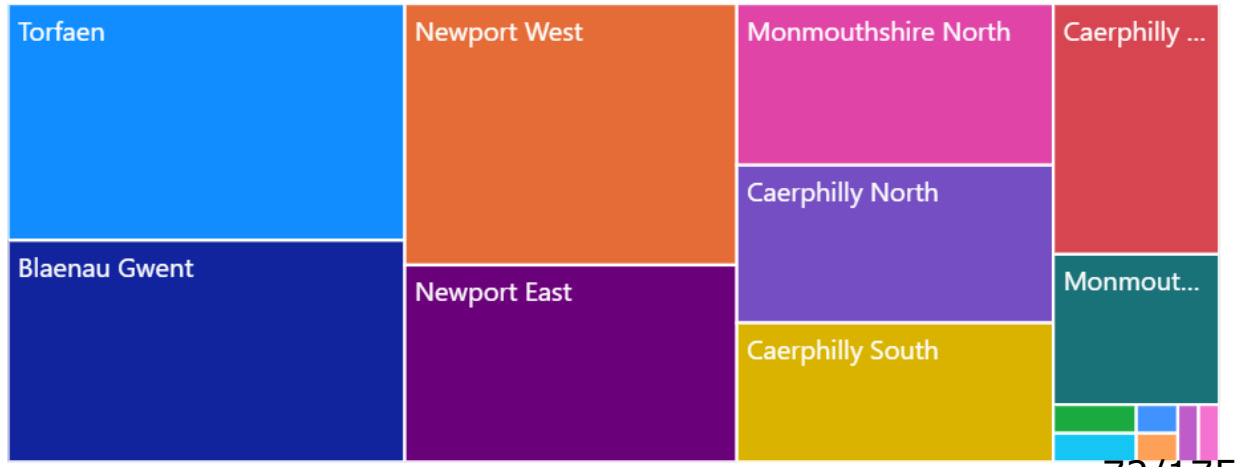
Outcome for Urgent Assessment



Outcome of Crisis Assessment



Appointment by GP Cluster



Same Day Contacts 24/25

31.4K

Same Day Contacts 25/26

33.8K

Same Day Contacts 26/27

15.6K

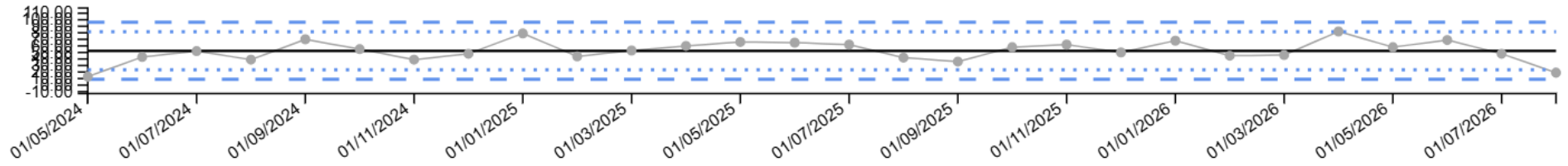
% of Contacts Offered the Same Day

17.7%

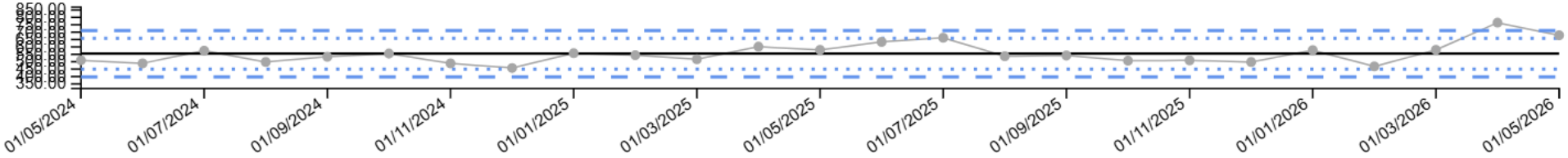
Date Selection for % Same Day Contacts Offered

01/01/2020 01/12/2030

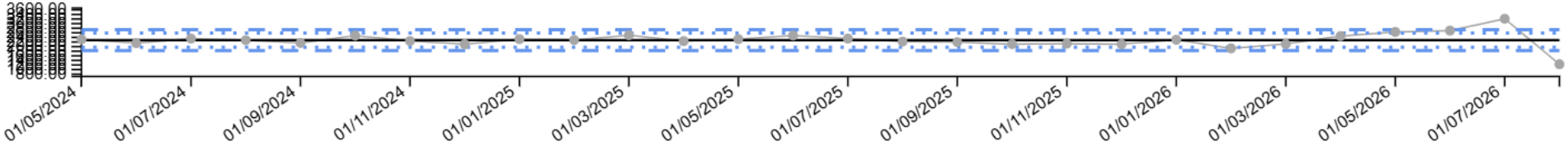
PHP Assessments Same Day



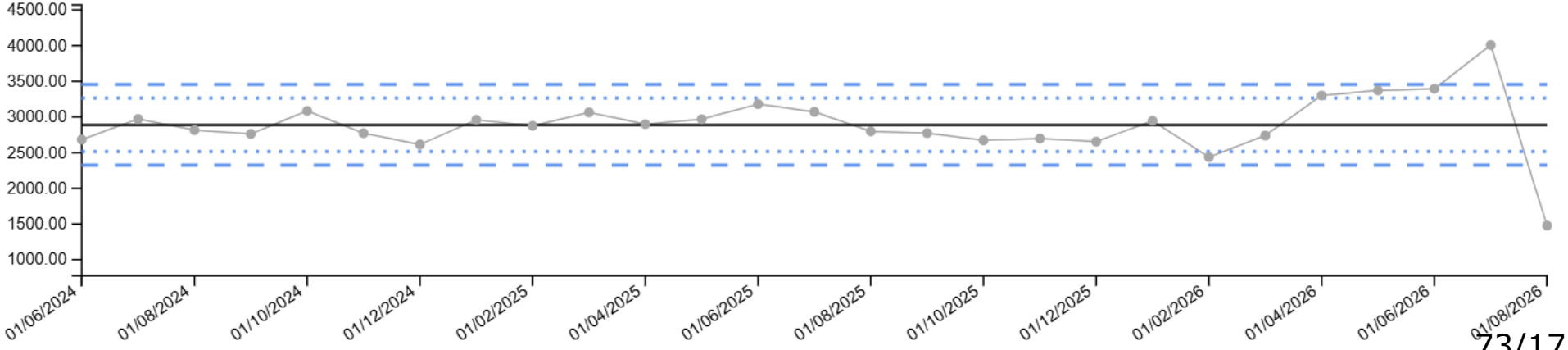
Contacts Same Day (Excl 111&PHP)



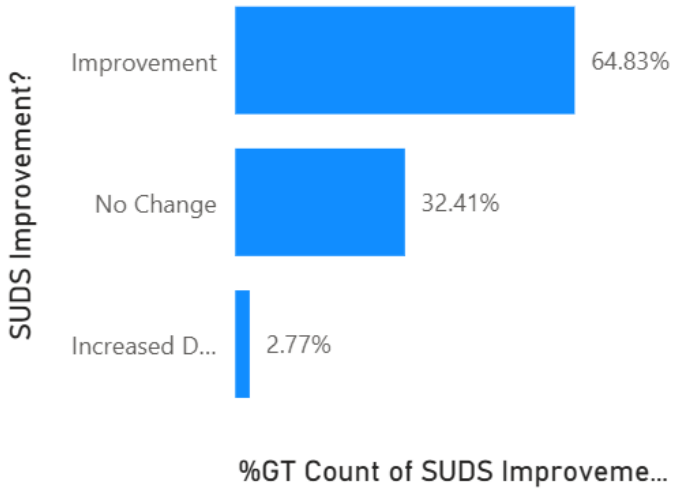
Total 111 Calls Progressed



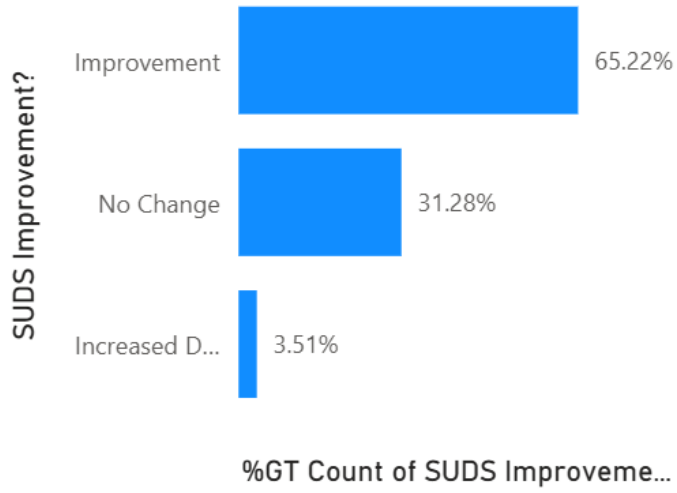
Total Same Day Appointments/Contacts



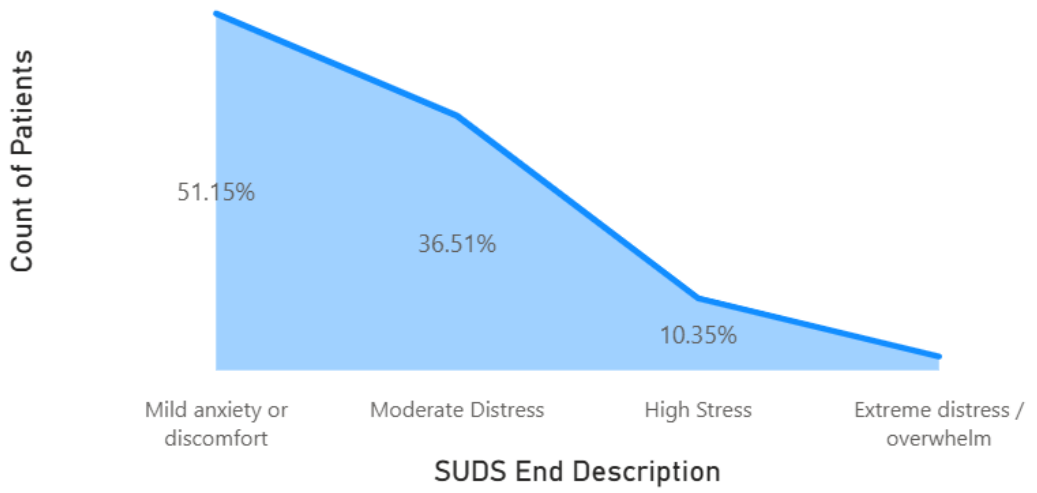
SUDS Changes Pre Pilot



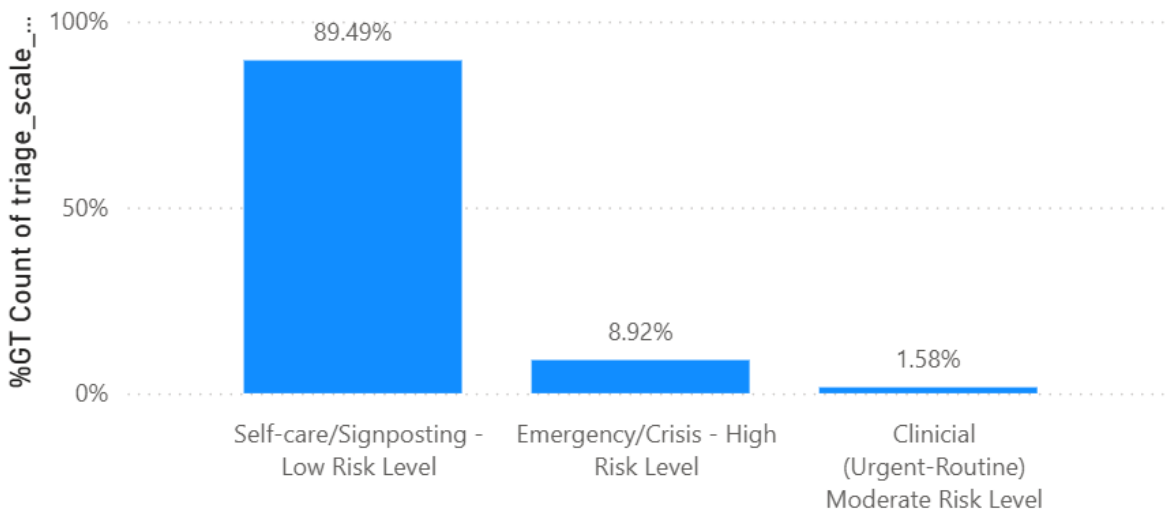
SUDS Changes Post Pilot



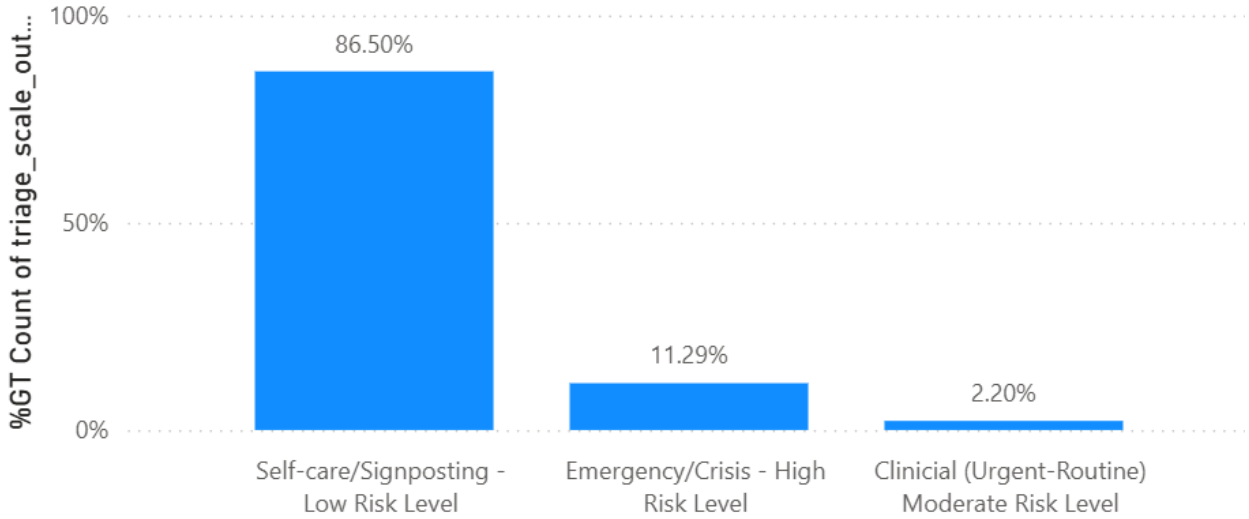
SUDS Description End Call



Triage Scale Call Outcomes Pre Pilot



Triage Scale Call Outcomes After Pilot



GIG CYMRU NHS WALES – Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board	**CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN** **ANEURIN BEVAN UNIVERSITY HEALTH BOARD MEETING**

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	08 September 2026
CYFARFOD O: **MEETING OF:**	Mental Health and Learning Disabilities Committee
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Child and Adolescent Mental Health Services (CAMHS)
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Leanne Watkins, Chief Operating Officer
SWYDDOG ADRODD: **REPORTING OFFICER:**	Leanne Watkins, Chief Operating Officer Kavitha Pasunuru, Divisional Director Family & Therapies

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

ADRODDIAD SCAA **SBAR REPORT**
Sefyllfa / Situation
CAMHS is progressing work to strengthen timely access, early intervention and community-based support for children, young people and their families, with a focus on improving quality, reducing variation and supporting safe, effective care.
Cefndir / Background

CAMHS continues to experience demand for assessment, intervention and support across a range of emotional wellbeing and mental health needs. Activity is focused on improving access pathways, strengthening preventative and early help approaches, and ensuring children and young people receive the right support at the right time. Ongoing attention is required to maintain quality, manage demand and support consistent delivery across services.
Asesiad / Assessment Key priorities for CAMHS are to improve timely access, strengthen assessment and intervention pathways, support preventative care, and use data more effectively to monitor demand, quality and outcomes. This will help target capacity to areas of greatest need, reduce unwarranted variation and improve the experience of children, young people and families.
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 relate to CAMHS demand, access, capacity and the timely delivery of safe and effective support for children and young people.
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	Choose an item.

Link to IMTP	
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 access, experience and outcomes for children and young people who require mental health and emotional wellbeing support through CAMHS. 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:	Executive Committee

Effaith: (rhaid cwblhau) **Impact: (must be completed)**

	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb **Equality Impact Assessment** (EIA) completed	Choose an item. 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.

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

GWENT 35
Better health | Better care | Better lives
Iechyd gwell | Gofal gwell | Bywydau gwell

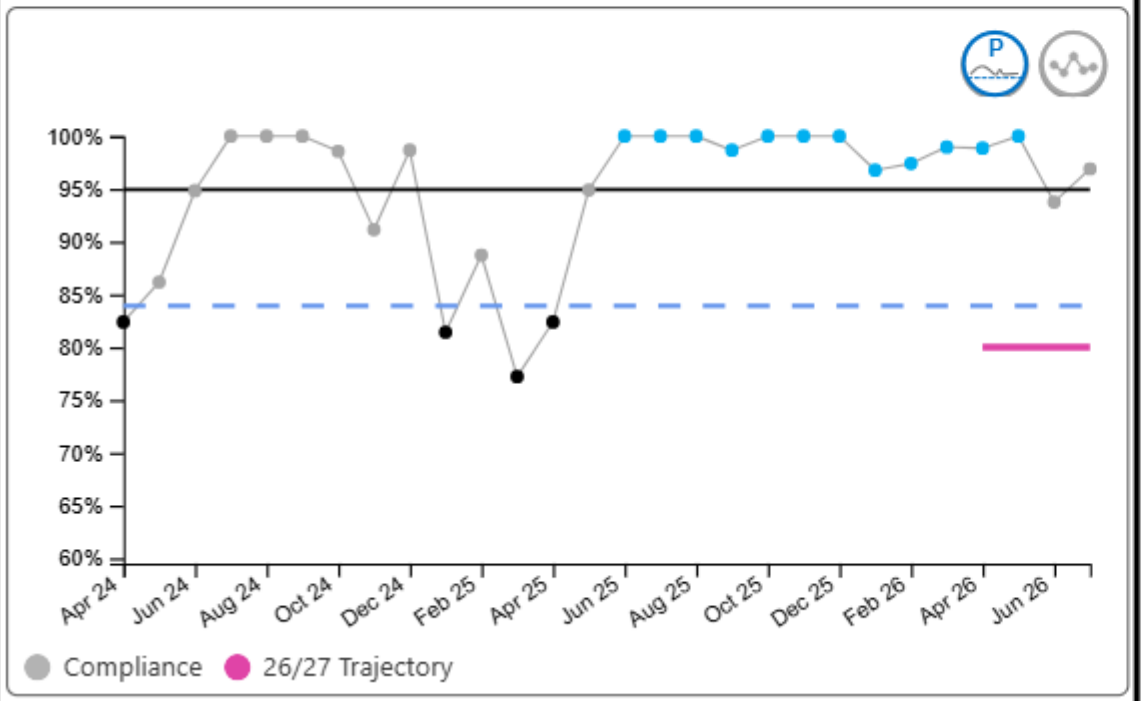
26/27 Annual Plan Performance Against Trajectories: CAMHs

2nd September 2026

CAMHS Part 1

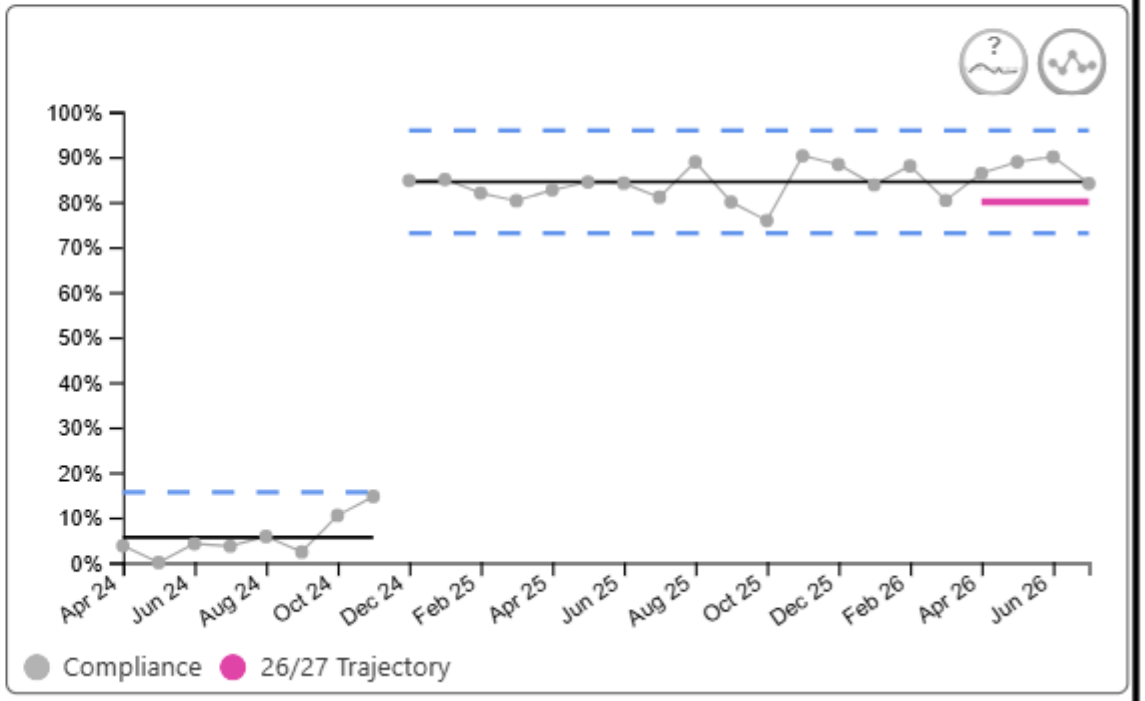
Measure: Maintain CAMHS Part 1a national target compliance (assessment completed within 28 days)
Performance: 96.9% (July 2026)
Trajectory: 80.0% (July 2026)
National target: 80.0%

Better Care



Measure: Maintain CAMHS Part 1b national target compliance (intervention completed within 28 days)
Performance: 84.1% (July 2026)
Trajectory: 80.0% (July 2026)
National target: 80.0%

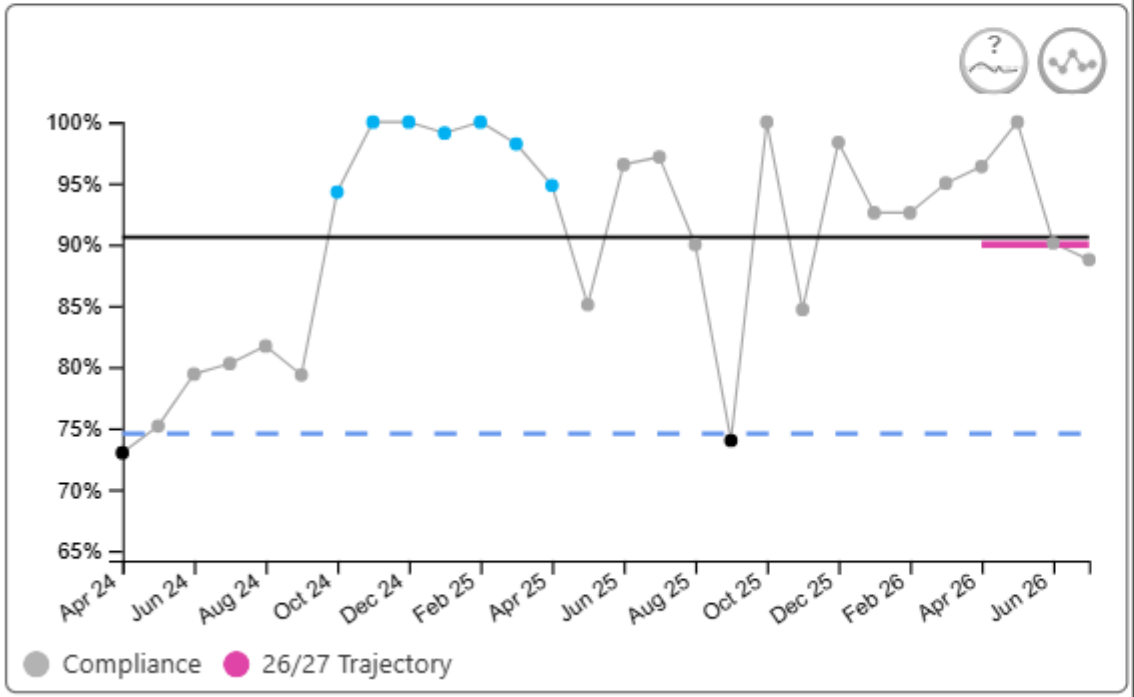
Better Care



CAMHS Part 2 & CAMHS ND

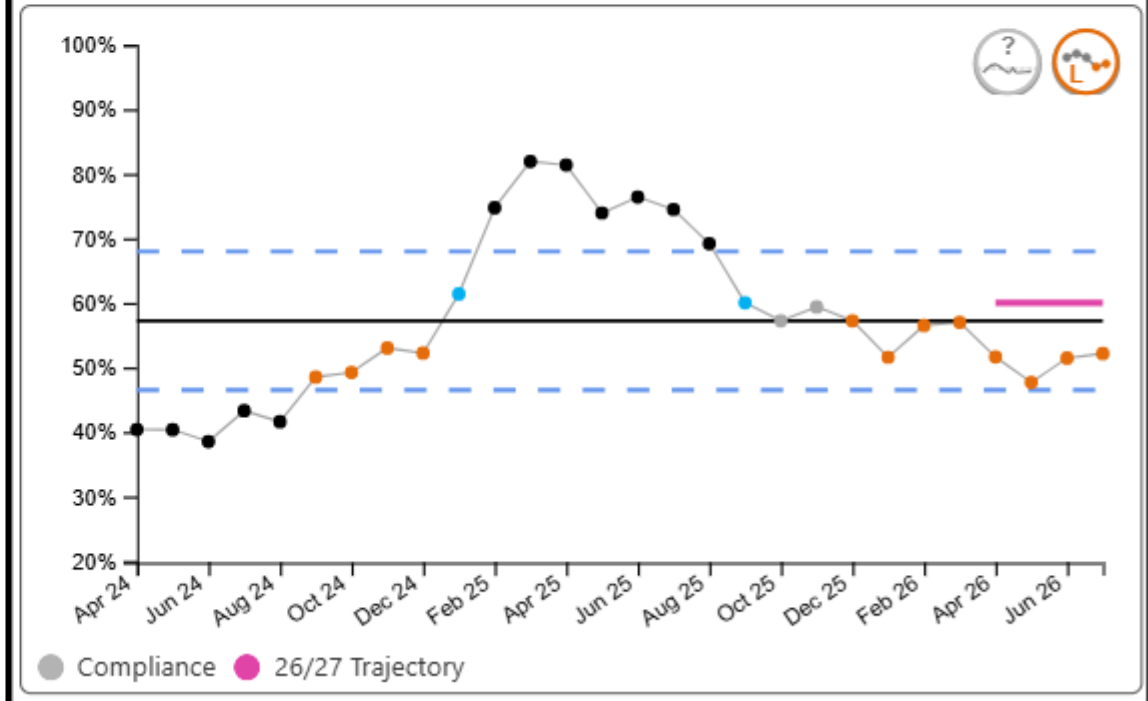
Measure: Maintain CAMHS Part 2 national target compliance
Performance: 88.8% (July 2026)
Trajectory: 90.0% (July 2026)
National target: 90.0%

Better Care

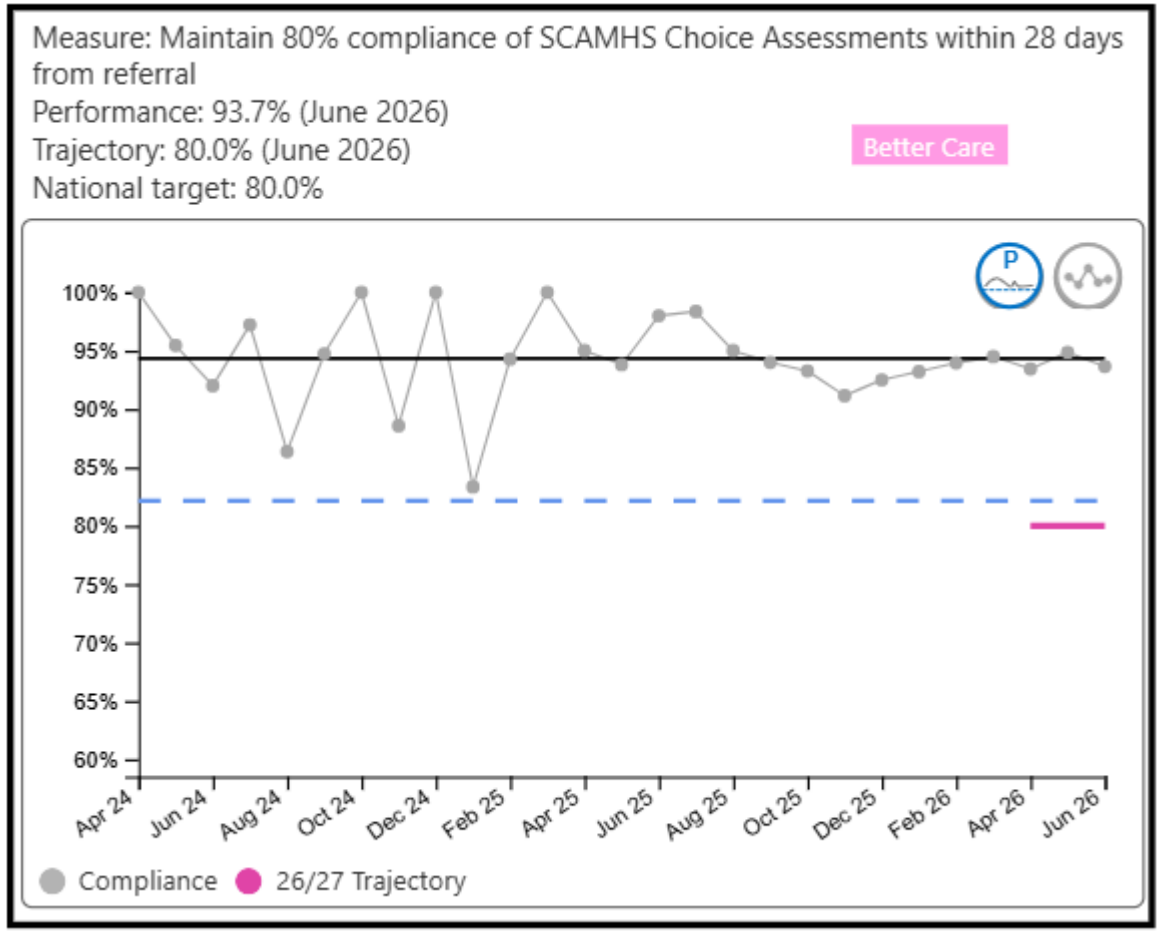


Measure: Improvement in Neurodevelopment waiting times compliance
Performance: 52.2% (July 2026)
Trajectory: 60.0% (July 2026)
National target: 80.0%

Better Care



Specialist CAMHS Choice Assessment



GIG CYMRU NHS WALES — Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board	**CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN** **ANEURIN BEVAN UNIVERSITY HEALTH BOARD MEETING**

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	08 September 2026
CYFARFOD O: **MEETING OF:**	Mental Health and Learning Disabilities Committee
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Neurodevelopment Performance
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Leanne Watkins, Chief Operating Officer
SWYDDOG ADRODD: **REPORTING OFFICER:**	Leanne Watkins, Chief Operating Officer Sara Garland, General Manager Family & Therapies

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

ADRODDIAD SCAA **SBAR REPORT**
Sefyllfa / Situation The presentation updates the Committee on neurodevelopmental service performance, pathway improvements and progress toward RTT recovery.
Cefndir / Background Referrals have increased by 48.8% across the first four months compared with three years ago, increasing pressure on capacity and waiting lists. NDIP/RIF

investment has expanded the workforce and supported early-intervention services and home-based QB testing.
Asesiad / Assessment Sustain throughput of at least 250 children per month, reduce the over-26-week backlog and improve RTT performance from approximately 52% to 80% by March 2027. Further priorities include protecting the fragile under-5 pathway, prioritising longest waiters and maintaining robust performance oversight.
Argymhelliad / Recommendation To give the Committee **ASSURANCE** that investment is improving capacity, performance and resilience, while highlighting the remaining risks and the activity required to deliver sustainable recovery.

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:	Executive Committee

Effaith: (rhaid cwblhau) **Impact: (must be completed)**	
	Is EIA Required and included with this paper

Asesiad Effaith Cydraddoldeb **Equality Impact Assessment** (EIA) completed	Choose an item. 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.

Neurodevelopmental Performance

Neurodiversity

NDIP Investment, Capacity & RTT Recovery

NDIP investment translating into workforce growth, with **2 Band 6 Neurodevelopmental Practitioners**, **2 Band 4 Support Workers**, and a **Band 4 Administrator (starting Sept 2026)** recruited and inducted.

Increased clinical and operational capacity is supporting a more sustainable workforce model, reducing reliance on additional hours and strengthening assessment, intervention and pathway coordination.

July 2026 RTT performance reached 52.15%, with **0 children waiting over 52 weeks** for an initial appointment for the **second consecutive month**.

Under-5s pathway remains stable, although capacity continues to be reliant on specialist MDT and Community Paediatric input, creating ongoing service fragility.

Over-5s demand remains high, but additional workforce capacity is expected to improve service resilience and support RTT recovery.

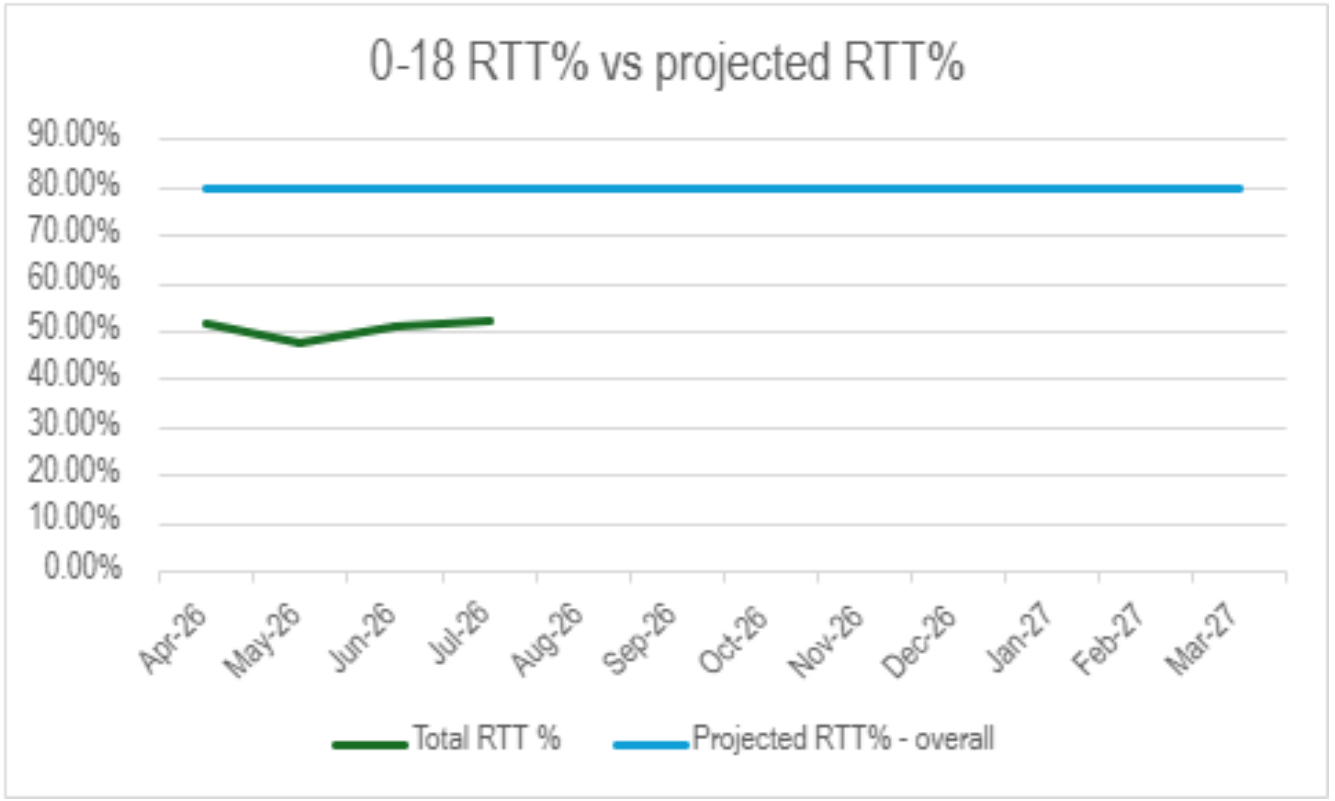
Modelling confirms a minimum capacity of 250 children per month is required to reduce the >26-week cohort, manage referral growth and deliver sustainable RTT recovery.

At this level of capacity, the service is forecast to:

- Reduce the **>26-week waiting cohort by ~100 children per month**
- Improve RTT performance towards **70%+**
- Support longer-term recovery towards the **80% RTT target**.

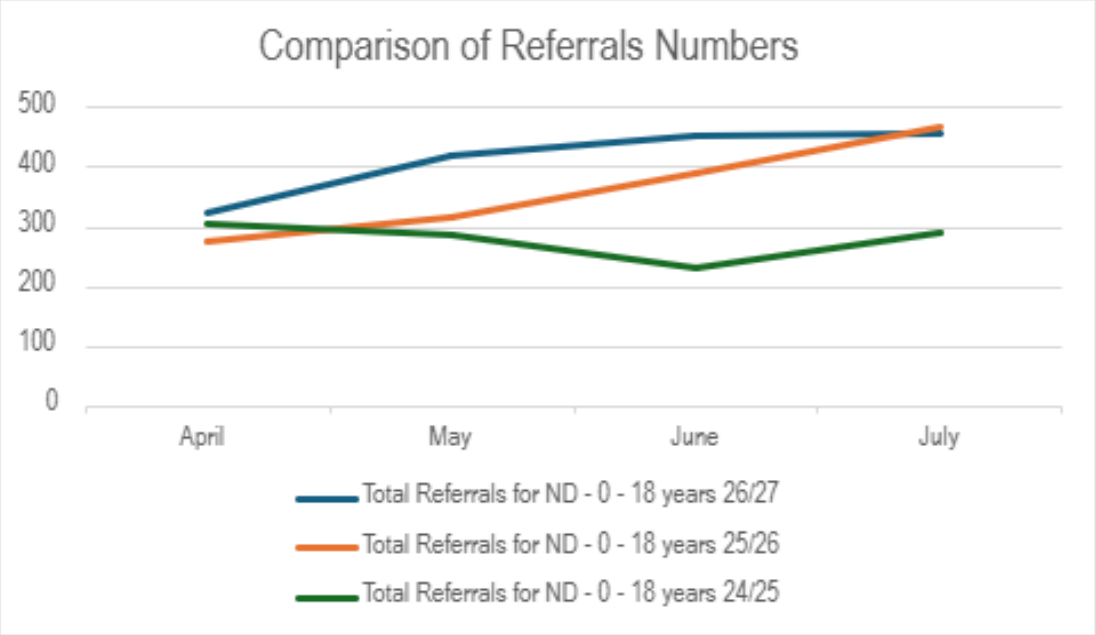
ND Performance

	Total on waiting list	Total over 26 weeks	Total RTT %
Apr-26	1837	885	51.82%
May-26	1820	947	47.97%
Jun-26	2006	974	51.45%
Jul-26	1927	922	52.15%



ND Performance

Comparison of referrals received in previous years



NESH - Data Reporting	April	May	June	July
Total Referrals for ND - 0 - 18 years 26/27	323	422	455	456
Total Referrals for ND - 0 - 18 years 25/26	275	316	389	467
Total Referrals for ND - 0 - 18 years 24/25	304	287	232	290

Referral Demand Growth

Sustained growth in Neurodevelopmental referrals over the past three years, with demand continuing to rise year-on-year.

Referrals increased by **30.0% between 2024/25 and 2025/26**, followed by a further **14.4% increase in 2026/27**.

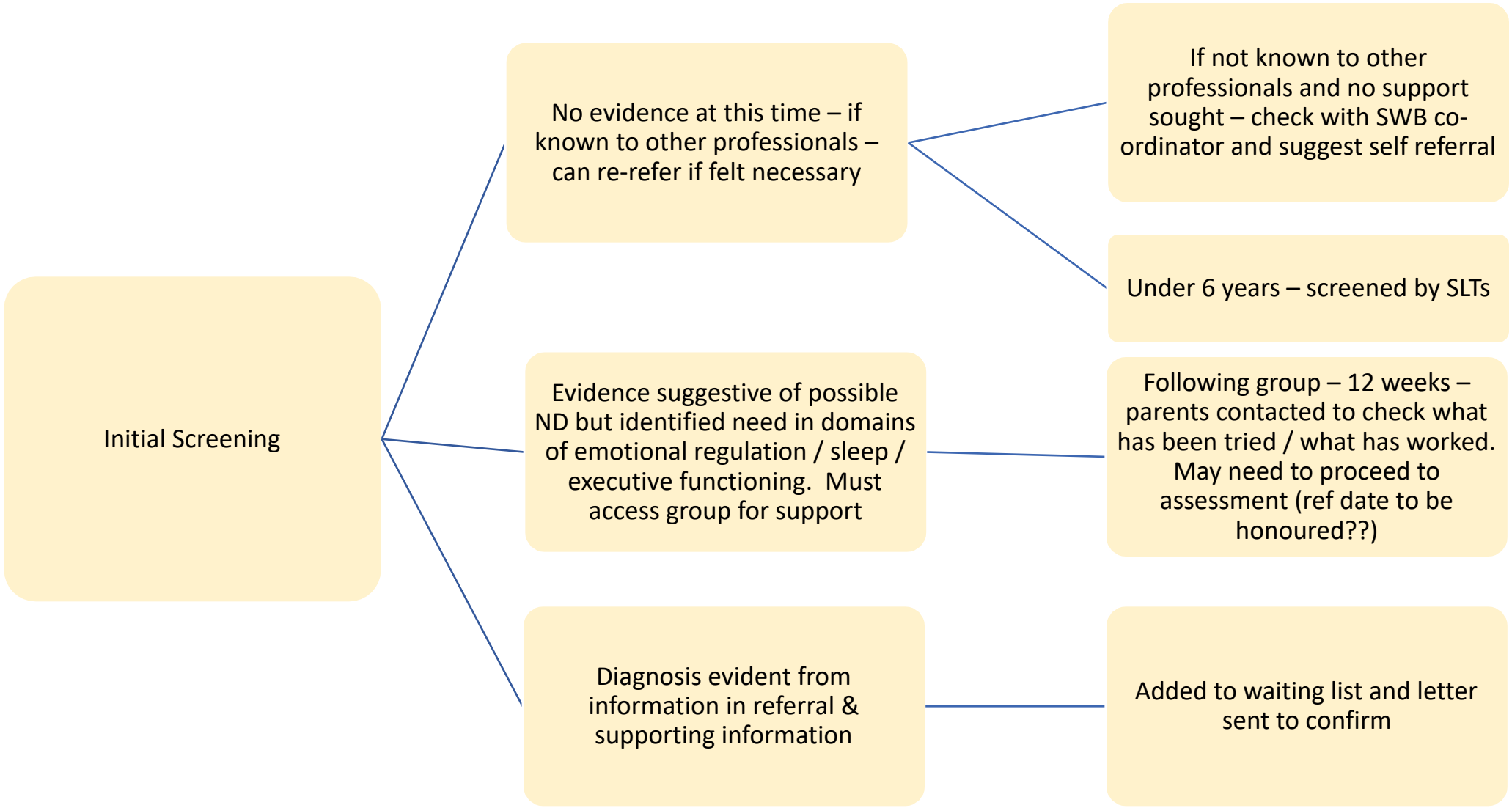
Overall referrals have increased by 48.8% (+543 referrals) across the first four months of the financial year compared to three years ago.

Current year data demonstrates **consistently high referral volumes across all months**, indicating sustained demand rather than a temporary increase.

Growth is likely driven by **increased awareness, identification of neurodevelopmental needs, and demand for assessment and support services**.

Rising demand continues to place **significant pressure on service capacity, waiting lists and RTT recovery efforts**, reinforcing the need for ongoing capacity expansion and pathway transformation.

Neurodiversity Pathways



Neurodiversity

Targeted Parent Support & Early Intervention Offer

Targeted intervention programme launched in April 2026 to provide practical support for families following ND referral screening where assessment has not been indicated.

Phase I: Parent Emotional Regulation Group delivered successfully, with **8 groups completed** (including **2 virtual sessions via MS Teams**).

59 parents attended during the first phase, demonstrating strong engagement and demand for early support.

Parent feedback has been overwhelmingly positive, highlighting:

- Value of **peer support and shared experiences**
- Practical, relatable strategies delivered by experienced facilitators
- Improved understanding of emotional regulation, anxiety and meltdown prevention

Phase II: Sleep Workshops commencing from **September 2026**, providing practical strategies to address common sleep difficulties.

Phase III: Executive Functioning Group planned to support families with strategies relating to sensory and executive functioning difficulties.

Programme supports a **needs-led, early intervention approach**, providing practical support to families while reducing reliance on diagnostic pathways alone.

Neurodiversity

Implementation of QB Check

The ND service have been using the QB test to consider for ADHD traits within an ND assessment since September 2022.

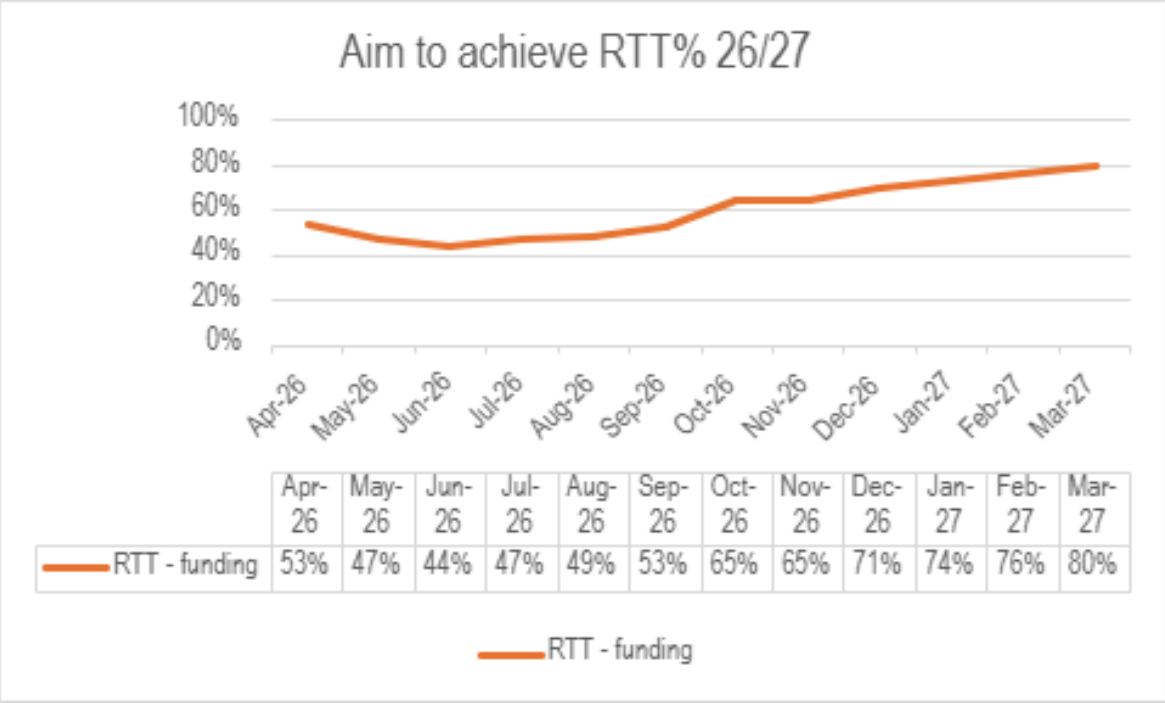
The service has now been able to introduce the opportunity for children to complete the QB test at home rather than coming into a clinic setting. This is now in place as of July 2026.

There are currently 55 children awaiting for a QB test – 38 families (69%) have opted to do this at home. This means our face to face waiting list is about 4-6 weeks as we can offer 6 QB test appointments per week utilising the support workers to oversee and complete a child observation report.

Once the QB test has been completed, this is forwarded directly to the clinician leading on the ND assessment and reducing a time delay into either next steps, MDT or feedback.

ND Performance

RTT Recovery Trajectory and NDIP Impact



	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26	Jan-27	Feb-27	Mar-27
RTT - funding	53%	47%	44%	47%	49%	53%	65%	65%	71%	74%	76%	80%

The projected improvement in RTT performance reflects the tangible benefits of NDIP / RIF investment and workforce expansion increasing clinical and operational capacity across the pathway.

This additional resource supports delivery of a minimum throughput of 250 children per month, enabling a sustained reduction in the over-26 week cohort while managing rising referral demand.

Subject to maintaining this level of activity, RTT performance is forecast to improve from 52% in July 2026 to 80% by March 2027, demonstrating a clear trajectory towards recovery despite ongoing demand pressures and supporting a more sustainable service model.

Delivery of the 80% RTT target is dependent on maintaining assessment throughput. While referral demand remains high, robust screening and needs-led pathways will ensure that specialist assessment capacity is prioritised for children requiring diagnostic assessment.

Neurodiversity

Summary, Risks & Next Steps

Key Achievements

- NDIP investment is delivering measurable impact, with expanded workforce capacity, targeted interventions, enhanced triage processes and digital innovations improving pathway efficiency and resilience.
- Workforce expansion and service transformation initiatives are supporting progress towards RTT recovery despite continued demand pressures.

Key Risks

- Continued growth in the Over-5 waiting list and backlog.
- Ongoing fragility within the Under-5 pathway, due to reliance on specialist MDT and Community Paediatric capacity.
- Potential recruitment delays and workforce attrition affecting recovery trajectory.

Mitigations

- Prioritisation of longest waiters while protecting new demand.
- Strengthening MDT skill mix and workforce sustainability.
- Weekly RTT oversight, performance monitoring and use of digital tracking tools.
- Continued delivery of early intervention and targeted support programmes to manage demand.

Key Message

- The service is moving in the right direction. Investment is translating into increased capacity, improved RTT performance and greater service resilience. Sustained delivery of 250 children per month remains critical to achieving long-term recovery, reducing waiting times and progressing towards the 80% RTT target.

GIG CYMRU NHS WALES — Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board	**CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN** **ANEURIN BEVAN UNIVERSITY HEALTH BOARD MEETING**

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	08 September 2026
CYFARFOD O: **MEETING OF:**	Mental Health and Learning Disabilities Committee
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Mental Health & **Learning Disabilities Service**
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Leanne Watkins, Chief Operating Officer
SWYDDOG ADRODD: **REPORTING OFFICER:**	Leanne Watkins, Chief Operating Officer

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

ADRODDIAD SCAA **SBAR REPORT**
Sefyllfa / Situation The Learning Disability service is moving towards a more consistent, preventative community care, with earlier intervention, fewer entry points and reduced reliance on inpatient services.
Cefndir / Background Between April and July 2026, service activity and support provision increased, with a modest rise in caseloads and significant growth in Annual Health Check

support. During the same period, compliance with key quality measures declined, highlighting a need to strengthen Care and Treatment Plan completion and review processes. Overall, the team continued to expand its engagement, training, and primary care support activity.
Asesiad / Assessment Key priorities focus on strengthening quality, compliance and preventative healthcare delivery, supported by improved use of data and performance monitoring. This will enable more targeted interventions, help reduce health inequalities, and support better outcomes and experiences for patients.
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:	Executive Committee

Effaith: (rhaid cwblhau) **Impact: (must be completed)**	
	Is EIA Required and included with this paper

Asesiad Effaith Cydraddoldeb **Equality Impact Assessment** (EIA) completed	Choose an item. 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.

Mental Health & Learning Disabilities

Learning Disability Directorate

August 2026

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

Iechyd Meddwl ac Anableddau Dysgu Gwent
Mental Health & Learning Disabilities Gwent
Cyflwyno Gofal sy'n Canolbwyntio ar yr Unigolyn a Thosturiol
Delivering Person Centred & Compassionate Care

Bee-ddwch y Newid
Bee the Change
Iechyd Meddwl ac Anableddau Dysgu
Mental Health & Learning Disabilities

Overview of Learning Disability Service

In April 2026, the Learning Disabilities Service merged with specialist mental health services to form the Specialist Mental Health & Learning Disabilities Directorate. The Learning Disabilities Service last reported to MH Committee in March 2025 outlining strategic context for the service and its developing Model of Care. Key themes from the strategic context include:

To Reduce: • Health inequalities and avoidable deaths • Restrictive practices including over medicating • Need for hospitalisation in specialist units • Out of county/country placements	**To Improve:** • Learning Disability Health Checks and health action plans • Education and reasonable adjustments across all services • Access to mainstream health services incl mental health services • Crisis prevention & response • Quality of community placements • Transition experience for young people as they move into adulthood
To Ensure: • Care is closer to home • A focus on prevention, early intervention and crisis support • Access to effective community learning disability teams • When necessary, inpatient care is short term with a clear pathway for discharge • A focus on engagement, empowerment and co-production of services	

A new 3 year Learning Disability Transformation Programme is due to be issued by WG imminently which will build on the progress achieved through the Learning Disability Strategic Action Plan and will provide the vehicle for delivering whole system change

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Mental Health & Learning Disabilities

Learning Disability Model of Care

In line with the strategic context and current service challenges, the service has reviewed its model of care and is proposing:

Community Services

- Exploration of different models of delivery whilst retaining service delivery on a local borough basis. Reducing the number of entry points to the service, reducing variation and duplication in the delivery of processes, pathways and support sustainability
- Review of CHC Care Co-ordination roles to enhance the delivery of proactive and preventative interventions
- Development of an enhanced community service to support early and timely responses to individuals who are in distress or early stages of distress to enable them to remain in the community and avoid admission

Inpatient Services

- Currently reviewing community offer, to further support admission avoidance activity.
- Support from the enhanced community service to enable early intervention and support individuals and thus reduce demand on beds
- Assumes that individuals who are able to access generic mental health services with reasonable adjustments do so

Ardwyn Project – development of a four unit provision in Abergavenny to support individuals who require commissioned placements. Construction works are underway and procurement process for the care and support is just commencing. Anticipated that provision will be available for individuals to move into in late Spring 27.

Number of people open to adult secondary learning disability services/Caseload Activity:

MEASURE	Apr-26	May-26	Jun-26	**Jul-26**
Total number of patients open to specialist adult learning disability services	706	706	714	715
Number of people new to adult specialist learning disability services	19	0	12	8
Number of people discharged from adult specialist learning disability services	18	15	24	10

Mental Health Measure Part 2

MEASURE	Apr-26	May-26	Jun-26	Jul-26
Total number of patients resident in your LHB in receipt of secondary Mental health services	123	123	123	123
Total number of patients resident in your LHB with a valid CTP	119	114	113	113
Percentage of valid CTPs	96.7%	92.2%	91.18%	91.18%

Progressing Learning Disability Outcomes Through Data

- Data collection is continuing across a number of key quality measures, with encouraging early indications of improved Health Equality Framework (HEF) completion and engagement with Annual Health Checks (AHC's).

- As the dataset matures, it will provide valuable insight into the health needs of people with learning disabilities and support a more proactive, preventative approach to care.

- The data collection will help identify opportunities to reduce health inequalities, strengthen personalised care planning, and ensure that resources and interventions are targeted where they can have the greatest impact on patient outcomes and experience.

Additional Work undertaken by Primary Care Health Liaison Team

- The Primary Care Health Liaison Team has supported with 305 Annual Health Check appointments over the past year presenting a 53% increase compared to the previous year (200 annual health checks) despite some capacity issues.
- The team has delivered 20 training, engagement and awareness sessions across primary care, acute services, community services, social care, care providers, higher education and 3rd sector organisations
- Continued to support all GP practices across ABUHB in relation to LD register validation, annual health check delivery and reasonable adjustments (supporting 21 practices this year compared to 15 practices last year)
- Led a co-produced Annual Health Check Hackathon event involving 160 attendees, including 106 individuals with a learning disability, helping to identifying barriers to healthcare access and shape future service development
- Worked closely with Primary Care colleagues to improve oversight of Annual Health Check activity through audit and using data and audit findings to identify gaps, variation in uptake and areas requiring targeted support

Focused Actions moving Forward

- **CTP Compliance** – The Directorate monitors CTP compliance through its monthly Performance meeting with Senior Nurses and Heads of Professions and a plan for improvement is developed. Where an out of compliance CTP is care co-ordinated by the Local Authority, the Health Team Lead notifies the care co-Ordinator that it requires updating.

- **HEF -** HEF remains a priority for the Directorate since its re-establishment in December 2025. An improvement trajectory has been set to increase by 80 per month until all individuals open on a caseload has a HEF in place, monitored via the Directorate's monthly Performance meeting. Action plans for an improvement in the compliance are being developed with each of the Community Learning Disabilities Team.

Focused Actions moving Forward

- **AHC –** Increasing AHCs is a key priority for the Directorate as set by Welsh Government. An improvement trajectory has been set in collaboration with Primary Care & Community colleagues to increase the number of individuals receiving an AHC by 1% per month. This target is currently being met. However, it should be noted that the Learning Disability Primary Care Health Liaison team is currently funded via Regional Investment Fund.

- **Paul Ridd Training** – the Acute Care Health Liaison team continue to promote the Paul Ridd LD Awareness training throughout their work

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	08 September 2026
CYFARFOD O: **MEETING OF:**	Mental Health and Learning Disabilities Committee
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Committee Risk and Assurance Report
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Director of Corporate Governance
SWYDDOG ADRODD: **REPORTING OFFICER:**	Head of Corporate Risk and Assurance

Pwrpas yr Adroddiad
Purpose of the Report

Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

To provide the Committee with an overview of the current Mental Health and Learning Disabilities (MH&LD) and Child and Adolescent Mental Health Services (CAMHS), risk profile.

Cefndir / Background

The MH&LD Committee has responsibility for seeking assurance that robust risk management arrangements are in place across MH&LD and CAMHS, and that significant risks are identified, assessed, managed and escalated in accordance with the Health Board's Risk Management Framework.

This report has been developed to provide the Committee with a high-level overview of the risk profile, including emerging themes, areas of focus and trends within the Directorate/Divisional Risk Registers, noting the MH&LD Division have a greater number of risks than that of the CAMHS Directorate.

The report is intended to support the Committee in discharging its oversight responsibilities by providing visibility of the risks currently being managed within operational and directorate governance structures and highlighting any matters that may require enhanced scrutiny or escalation through the Health Board's risk governance processes.

There are currently no Strategic Risks allocated to the Committee and no Corporate Risks owned by the Executive Committee that fall specifically within the remit of MH&LD or CAMHS.

Accordingly, this report focuses on the organisational risk profile and provides assurance regarding the effectiveness of local risk management arrangements.

Asesiad / Assessment

MH&LD Risk Profile

The MH&LD Division maintains a broad portfolio of operational risks managed through local and directorate governance arrangements.

The principal risk themes relate to:

- Patient safety.
- Workforce and capacity pressures.
- Financial sustainability, particularly commissioned care and high-cost packages of care.
- Estates and environmental risks.
- Timely access to assessment, treatment and support services.

The majority of risks are assessed as low or moderate, indicating that mitigating controls are in place and operating effectively. A small number of higher-rated risks continue to be monitored closely through divisional governance processes, with escalation considered where appropriate.

Analysis of the risk profile indicates three recurring themes requiring ongoing oversight:

- **Workforce and Capacity**: recruitment, retention, medical cover and specialist workforce challenges.
- **Financial Sustainability**: increasing demand, commissioned care expenditure and service pressures.
- **Access and Timeliness**: referral backlogs, delayed assessments and treatment pathway pressures.

CAMHS Risk Profile

The CAMHS risk profile remains stable, with risks managed through established governance arrangements.

The principal risk themes relate to:

- Supporting children and young people with complex mental health needs.

- Workforce and service capacity pressures.
- Multi-agency service and placement arrangements.
- Estates and accommodation requirements supporting service delivery.

The majority of risks are low or moderate. While a small number of higher-rated risks are influenced by wider system dependencies and partnership working, appropriate mitigating actions are in place and these continue to be monitored through divisional governance arrangements.

The key areas requiring ongoing oversight are:

- **Complex Care Pathways:** including specialist placements, crisis intervention and integrated care arrangements.
- **Workforce and Service Capacity:** ensuring services can respond to increasing demand and complexity.
- **Estates and Infrastructure:** maintaining suitable environments to support service delivery and future development.

Conclusion

The MH&LD and CAMHS risk profiles remain broadly stable, with risks managed appropriately through local and directorate governance arrangements and supported by established controls and mitigation plans.

Current risks reflect recognised pressures relating to workforce capacity, service demand, financial sustainability and service infrastructure. These continue to be actively monitored through established governance processes.

There are currently no Strategic Risks or Corporate Risks requiring reporting through this Committee. The risk profile will continue to be reviewed to ensure timely escalation where necessary.

Argymhelliad / Recommendation

The Committee is asked to receive the report for **ASSURANCE**.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	The Strategic Risk Report is informed by Datix, ensuring a bottom-up approach to risk escalation.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Governance, Leadership & Accountability Governance, Leadership and Accountability Governance, Leadership and Accountability

Blaenoriaethau CTCI IMTP Priorities Link to IMTP	The Strategic Risk Register assesses risk that could impact achievement of all strategic priorities.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	N/A

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	Included throughout 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)	
	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	Choose an item. Choose an item. Not applicable to this report

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

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	08 September 2026
CYFARFOD O: **MEETING OF:**	Mental Health and Learning Disabilities Committee
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Mental Capacity Act and Deprivation of Liberty Safeguards Assurance Report
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Jennifer Winslade, Executive Director of Nursing
SWYDDOG ADRODD: **REPORTING OFFICER:**	Tanya Strange, Head of Nursing Tom Grace, MCA Strategic Lead

Pwrpas yr Adroddiad
Purpose of the Report

Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The Mental Capacity Act (MCA) 2005 provides the legal framework for decision-making on behalf of adults who lack capacity, supported by the Deprivation of Liberty Safeguards (DoLS), which ensure any deprivation of liberty is lawful, proportionate, and in the individual's best interests. The Health Board remains committed to embedding these principles across all aspects of care, including consent, discharge planning, and best interest decision-making, alongside ensuring timely DoLS authorisations. Good progress has been made in strengthening training, awareness, and audit, providing a solid foundation for improvement. System-wide engagement has also provided greater clarity on the challenges impacting delivery, including variation in interpretation, prioritisation, and roles and responsibilities, alongside barriers in accessing clinical information and workforce capacity constraints. These insights present a clear opportunity to strengthen consistency, improve access to information, and support a more aligned, system-wide approach.

A revised DoLS delivery model has been proposed to directly address these challenges, focusing on improving access to assessments (particularly for people in hospital), strengthening workforce capacity, and clarifying roles, responsibilities, and operational pathways. While formal confirmation is still awaited, the model could create a clear route to improving timeliness, reducing variation, and enhancing Board-level assurance. Progressing this model, alongside continued work to improve organisational alignment and use of existing clinical information, will support a more consistent, sustainable, and equitable approach to MCA/DoLS delivery, ensuring that individuals' rights are

safeguarded and that safe, person-centred care is delivered across the Health Board.

Cefndir / Background

Since its establishment in 2022, the MCA Team has played a central role in strengthening organisational capability and confidence in the application of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). A combination of structured training, specialist support, and audit has driven measurable improvements in practice, further strengthened by the introduction of a tiered training model in November 2025. This has improved staff understanding and supported more consistent application of statutory principles across services, providing a strong platform for continued improvement.

The MCA/DoLS agenda is increasingly aligned with wider organisational priorities, including dementia standards and person-centred care, supported through collaborative forums such as the Dementia Board. Recent engagement has been constructive in identifying practical solutions to challenges around access to mental health assessment evidence, including maximising the use of existing clinical information and reducing duplication. This has created a clear opportunity to improve efficiency, streamline processes, and support more timely and effective decision-making across the system.

Recognising ongoing challenges relating to workforce capacity, variation in practice, limited assessments for people in hospital and access to clinical information, a revised DoLS delivery model has been developed. This model is designed to strengthen workforce capacity, clarify roles and responsibilities, improve access to and use of existing assessment evidence, and streamline operational pathways. In parallel, engagement with finance and Consortium colleagues has identified opportunities to reduce reliance on externally commissioned assessments and improve value for money. Subject to approval, the model provides a clear and sustainable route to enhancing timeliness, consistency, and compliance, ensuring that patients' rights are safeguarded and that high-quality, person-centred care is delivered across all settings.

Asesiad / Assessment

The Health Board continues to make steady progress in embedding the principles of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) into everyday practice. The introduction of a tiered, mandatory training programme has strengthened awareness and confidence across staff groups, supported by ongoing audit and specialist input from the MCA Team. This provides a strong foundation for delivering lawful, person-centred care.

Consistency of Practice and Organisational Alignment

The Regional Dementia Partnership Group identified practical barriers in accessing timely and appropriate clinical information to support DoLS processes. This includes challenges in obtaining mental health assessment evidence and reported difficulties for Best Interest Assessors (BIAs) in accessing relevant documentation within inpatient settings.

Following constructive discussions within the Dementia Partnership Group, a shared understanding of these challenges was established, alongside potential

solutions. However, wider engagement, including feedback from the Older Adult Mental Health Quality Patient Safety meeting, indicates ongoing variation in interpretation, prioritisation, and clarity of roles and responsibilities in relation to DoLS and Dementia Standards across teams.

This includes continued challenges in accessing clinical information already held within services. These issues are delaying assessments, increasing reliance on costly (unfunded) external Section 12 provision, and creating avoidable financial and operational pressures. There are also indications that DoLS is viewed differently across some clinical areas in terms of ownership and priority within day-to-day practice, a concern echoed by Local Authority partners.

Collectively, this reflects wider system alignment challenges and highlights the need to strengthen shared understanding, improve access to information, and support a consistent, collaborative approach to safeguarding patients' rights.

Solution-Focused Actions

- Facilitate a joint session between OAMH, Dementia Board, and DoLS leads to agree roles, expectations, and shared priorities
- Reframe DoLS as a core safeguarding and human rights responsibility aligned to patient safety and quality
- Reinforce MCA/DoLS as a core component of dementia standards and person-centred care
- Promote a multi-disciplinary, system-wide approach with a shared focus on supporting vulnerable people
- Reinforce expectations around respectful and constructive cross-team working
- Improve access to and sharing of assessment information to support timely decision-making
- Enhance use of data and governance oversight to monitor performance and risk

Workforce Capacity and Service Sustainability

Workforce pressures continue to impact operational delivery. A number of posts previously funded through fixed-term grant arrangements have now ceased, resulting in reduced capacity within the MCA/DoLS function. In addition, Local Authority secondments are being withdrawn and not replaced. These combined pressures are impacting the ability to consistently meet increasing demand and maintain timeliness of response.

Solution-Focused Actions

- Progress development of a revised service model to better align workforce capacity with demand
- Explore workforce redesign and skill mix options to maximise available resource
- Strengthen supervision and support for frontline staff to optimise capability and confidence

Staff Awareness and MCA Training

Training delivery continues to be a significant area of strength, with a comprehensive programme in place across Levels 1–3 and positive feedback from staff on the quality and relevance of sessions. Demand remains exceptionally high, with workshops fully subscribed and attendance continuing to increase, demonstrating strong organisational engagement with the Mental Capacity Act and DoLS agenda. During the last quarter (January to March 2026):

- **32** Level 2 (Overview) training sessions delivered
- **590** staff enrolled across Level 2 sessions
- **253** staff attended Level 2 training
- **160** staff did not attend (DNA)
- **148** staff withdrew from sessions
- **12** Level 3 (2-day workshops) delivered
- **321** staff enrolled onto Level 3 training
- **188** staff attended Level 3 workshops
- **79** withdrawals from Level 3 training
- **34** staff did not attend Level 3 workshops

Whilst this creates capacity pressures and some challenges around non-attendance, it also presents a clear opportunity to build capability at scale.

Solution Focussed Actions

With training provision now effectively booked through to January 2027 and additional bespoke sessions being developed for priority groups, the focus will be on maximising attendance, further expanding access where possible, and using training as a key lever to improve compliance, consistency of practice, and ultimately the quality of decision-making and patient care.

DoLS Backlog and Timeliness

The backlog of DoLS applications remains a key challenge. High demand, combined with workforce constraints and process inefficiencies, continues to impact timeliness and increases the risk of delays in implementing lawful safeguards.

Solution-Focused Actions

- Streamline processes to improve flow and reduce delays
- Increase utilisation of existing clinical evidence to minimise reliance on additional assessments
- Maintain focus on effective prioritisation and coordination of cases

Financial Pressures and Value for Money

Reliance on externally commissioned assessments continues to present a financial pressure. In response, engagement has taken place with finance colleagues, Local Authority Consortium members, the Regional Dementia

Partnership Group, and service leads to explore cost implications and identify more sustainable approaches to delivery.

Solution-Focused Actions

- Strengthen joint working with finance to identify efficiencies and cost-reduction opportunities
- Reduce unnecessary duplication of assessments through better use of existing evidence
- Support delivery models that balance quality, timeliness, and financial sustainability

NHS Wales Safeguarding Assurance Framework

The NHS Wales Safeguarding Framework sets clear expectations for safeguarding assurance through robust governance, reliable data, and systematic monitoring of performance against statutory duties. In relation to DoLS, the framework identifies timeliness of assessments and monitoring of breaches as key metrics to ensure individuals are not subject to unlawful deprivation of liberty and that their rights are upheld.

Current system pressures, including workforce capacity gaps and variation in access to assessments, present a risk to full compliance with these expectations and impact the organisation's ability to provide consistent Board-level assurance.

Solution-Focused Actions

- Progress adoption of the revised DoLS model to strengthen safeguarding assurance
- Align delivery with national framework requirements to improve compliance and oversight
- Support more sustainable, equitable, and person-centred approaches to delivery

Future Model and Strategic Direction

A revised DoLS delivery model will be considered to address current challenges relating to workforce capacity, variation in practice, process inefficiencies, and increasing demand. The proposed model will need to set out a more sustainable, coordinated, and system-wide approach, including strengthened workforce arrangements, clearer operational pathways, and improved alignment between clinical services and MCA/DoLS requirements.

A revised model will need to represent the critical dependencies and ongoing risk, as the current operating model is not sufficient to consistently meet demand or deliver the level of assurance required. A paper will be taken to Executive Committee for consideration.

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Solution-Focused Actions

- Develop a proposed model and consider through governance processes as a priority for formal approval
- Strengthen system-wide ownership and accountability for MCA/DoLS delivery
- Maintain focus on delivering safe, lawful, and person-centred care while safeguarding patient rights

National Data Collection, Monitoring and Reporting

CIW and HIW monitoring expectations require organisations to demonstrate robust and consistent data collection in relation to DoLS, with a particular focus on activity, timeliness, and breaches of statutory timescales. This data is critical for assessing compliance, identifying system pressures, and providing external assurance on safeguarding effectiveness.

The Health Board has recently received the National CIW and HIW DoLS Annual Monitoring Report 2024/25. A further SBAR will be presented to the Executive Team to provide a detailed overview, including key national messages and a clear assessment of the Health Boards position. This will highlight areas of strength, particularly in allocation processes, alongside areas of concern, including the high proportion of applications withdrawn prior to assessment and associated risks to timely, lawful safeguards.

This work will support a focused discussion on implications for patient safety, experience, and compliance, and will inform targeted actions to strengthen performance and ensure a consistent, person-centred approach.

Conclusion

There are strong foundations in place, with clear evidence of progress in training, awareness, and governance. However, variability in practice, workforce capacity constraints, and operational pressures continue to impact consistency and timeliness, posing a risk to compliance and Board-level assurance. The focus remains on strengthening alignment across services, improving access to information, and implementing a sustainable delivery model. With continued collaborative effort and review of the model of delivery, the Health Board is well positioned to enhance compliance, safeguard patient rights, and deliver high-quality, person-centred care.

Argymhelliad / Recommendation

The Mental Health and Learning Disabilities Committee is asked to:

- **NOTE** the progress made in strengthening MCA and DoLS practice through training, audit, and system-wide engagement
- **ACKNOWLEDGE** the ongoing challenges relating to variation in practice, workforce capacity, and timeliness, and the associated risk to consistent, lawful application of safeguards

- **SUPPORT** the prioritisation and progression of the revised DoLS delivery model as a critical enabler for improving consistency, timeliness, and patient safety
- **ENDORSE** the continued programme of improvement actions to strengthen organisational alignment, maximise use of existing clinical evidence, and enhance system-wide collaboration
- **NOTE** the importance of maintaining focus on safeguarding patients' rights through a coordinated, person-centred approach across all services.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability 2.7 Safeguarding Children and Safeguarding Adults at Risk 6.2 Peoples Rights 3.1 Safe and Clinically Effective Care
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Older adults are supported to live well and independently
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 patient experience by ensuring services are sensitive to the needs of all and prrioritise areas where evidence shows take up of services is lower or outcomes are worse Improve the access, experience and outcomes of those who require Mental Health and Learning Disability Services Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Mental Capacity Act 2005 Deprivation of Liberty Safeguards 2009
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	**Yes not yet available** 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/	Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs 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

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	Click here to enter a date.
CYFARFOD O: **MEETING OF:**	Executive Commttee
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Implementation of the AGNI Supreme Court Judgment: Implications for DoLS and MCA
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Jennifer Winslade
SWYDDOG ADRODD: **REPORTING OFFICER:**	Tom Grace MCA Strategic Lead/ DoLS Lead Gwent Consortium

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

Ar Gyfer Penderfyniad/For Decision

To inform Executive Committee of the implications of the AGNI Supreme Court judgment for Mental Capacity Act and Deprivation of Liberty Safeguards practice, provide assurance regarding actions taken to date, and seek support for the proposed implementation approach.

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The UK Supreme Court judgment issued on 2 June 2026 represents a significant change in the interpretation of deprivation of liberty under Article 5 of the European Convention on Human Rights, overturning the long-standing *Cheshire West* (2014) "acid test". The Court determined that deprivation of liberty should no longer be assessed solely on the basis of continuous supervision and control and whether a person is free to leave. Instead, a broader, person-centred and multifactorial assessment is required, taking account of the individual's circumstances, wishes and feelings, the purpose and effect of care arrangements, and whether the person is capable of expressing valid consent to those arrangements despite lacking legal capacity. This ruling has immediate effect and impacts practice across health and social care settings, including hospitals, supported accommodation, and private homes. For further information please see: A Reference by the Attorney General for Northern Ireland of a devolution issue under paragraph 34 of Schedule 10 to the Northern Ireland Act 1998 - UK Supreme Court

For Health Boards in Wales, this judgment has potentially significant implications for current Deprivation of Liberty Safeguards (DoLS) practice, Mental Capacity Act processes, safeguarding arrangements and Court of Protection activity. The Supreme Court recognised that the *Cheshire West* approach has contributed to substantial increases in DoLS applications, assessment backlogs, administrative burden and system costs, while also subjecting some individuals and families to intrusive legal processes where care arrangements are consistent with the person's wishes and best interests. Although national policy and operational guidance for Wales are yet to be updated, the judgment signals a shift towards greater recognition of autonomy, voice and person-centred decision-making for people who lack capacity.

Executive oversight is required to understand the legal, operational and workforce implications for the Health Board and to ensure preparedness for any changes to Welsh Government policy, DoLS practice and wider liberty protection arrangements arising from this landmark decision. The Health Board is required to respond immediately to ensure compliance with the updated legal framework and support practitioners to apply the new multifactorial test.

Cefndir / Background

Following the UK Supreme Court judgment in *A Reference by the Attorney General for Northern Ireland* (AGNI), the Department of Health and Social Care (DHSC) published implementation guidance on 15 June 2026 clarifying the revised interpretation of deprivation of liberty and the implications for health and social care organisations (UK Supreme Court 2026 judgment on what constitutes a deprivation of liberty - GOV.UK). The judgment overturns the *Cheshire West* "acid test" and introduces a broader, multifactorial approach to assessing deprivation of liberty, placing greater emphasis on the individual's wishes, feelings, and ability to express acceptance of their care arrangements.

National Progress: Nationally, a programme of webinars, legal briefings and Mental Capacity Forum workshops is underway to support implementation and to consider the implications for current DoLS and Mental Capacity Act practice. Within Wales, discussions have commenced between NHS Wales Performance and Improvement, Welsh Government and professional networks; however, formal Welsh Government guidance has not yet been issued. The Aneurin Bevan University Health Board MCA Lead, in their role as Chair of the All-Wales MCA/DoLS Network, is actively engaged in these national discussions and helping to shape a consistent Welsh response.

Local Progress: Recognising the significance of the judgment, the Health Board has commenced local implementation activity pending the publication of national guidance. The revised AGNI test has been incorporated into all new DoLS assessments, and a new screening tool is being developed to support consistent decision-making and referral management.

Training materials are being revised to reflect the new legal position, while Best Interests Assessors (BIAs) are receiving enhanced support through weekly professional forums and supervision arrangements. In addition, a Gwent-wide

DoLS Consortium has been established to promote a coordinated regional approach to implementation, share learning, and identify any operational, workforce and governance implications arising from the judgment. These actions are intended to ensure that the Health Board remains compliant with current legal requirements while preparing for any future Welsh Government policy direction or changes to the legislative framework.

Asesiad / Assessment

The AGNI judgment represents a fundamental change in the legal and operational approach to deprivation of liberty, replacing the established *Cheshire West* "acid test" with a more complex, multifactorial assessment that requires consideration of an individual's wishes, feelings, circumstances and ability to express acceptance of their care arrangements. While the judgment aligns with principles of autonomy, dignity and person-centred care, it significantly increases reliance on professional judgement and introduces a greater risk of variation in decision-making across practitioners, services and organisations.

For the Health Board, the judgment is expected to have significant implications for existing DoLS waiting lists, current authorisations and Community Deprivation of Liberty (CoPDoL) cases involving individuals supported within community settings, including supported living arrangements and family homes. The impact is likely to be most pronounced within Community Learning Disability Teams and services supporting individuals with complex needs. Although the revised approach may reduce the number of cases requiring formal deprivation of liberty authorisation, the full effect remains uncertain pending Welsh Government guidance and further legal clarification. As a result, there is a risk of inconsistent interpretation and application across Health Boards and local authority partners during the implementation period.

The requirement to evidence an individual's wishes, feelings and acceptance of their care arrangements is likely to place additional demands on Mental Capacity Act and DoLS services, Best Interests Assessors (BIAs), managing authorities and wider clinical teams. There is a risk of inconsistent application, legal challenge and unintended variation in practice if staff are not adequately supported through training, supervision and decision-support tools. The judgment also creates a need to review local policies, assessment processes, governance arrangements and quality assurance mechanisms to ensure they remain legally compliant and capable of demonstrating robust decision-making.

In the absence of formal Welsh Government guidance, there remains considerable uncertainty regarding future expectations for practice across Wales. Clear local leadership, governance and interim direction will therefore be required to support safe, lawful and consistent implementation across the Health Board. Ongoing engagement through the All-Wales MCA/DoLS Network, NHS Wales Performance and Improvement, regional partners and legal advisors will be essential to monitor emerging guidance, share learning and mitigate organisational risk whilst national policy continues to develop.

Risk Mitigation

In the absence of national guidance, an assessment of preparedness has been completed. It is proposed that the following actions are taken whilst guidance is awaited.

Immediate Actions

- Review all current referrals and waiting lists against the AGNI test.
- Implement review process for all current DoLS authorisations (Schedule A1).

Revised Screening Tool

To ensure all new assessments apply the AGNI multifactorial test, a Gwent-wide AGNI screening and decision-support tool (attached) has been developed to support consistent application of the revised legal test, assist prioritisation of referrals and provide initial scrutiny of whether cases are likely to meet the threshold for deprivation of liberty under the AGNI judgment

Community DoLS (CoPDoL)

- Review all existing and proposed community cases to determine whether they meet the revised threshold.

Training and Workforce Development

- Embed AGNI requirements into all MCA/DoLS training programmes.
- Deliver urgent briefing sessions for:
  - DoLS signatories
  - Divisional teams
  - Recently trained staff (bespoke updates)
- Commission specialist external legal/training support for MCA practitioners and BIAs.

Communication

- Issue organisation-wide communication (e.g., via Pulse) outlining the change and immediate expectations.

Note: An organisation-wide communication outlining the implications of the judgment and immediate expectations was circulated across the Health Board on 2 July 2026.

Operational Support

- Maintain weekly BIA support and enhanced supervision arrangements.
- Develop a practical decision-making tool for managing authorities (wards/services) to support referral decisions.

To support implementation, a Gwent-wide screening and decision-support framework has been developed, comprising both a practitioner scrutiny tool and a frontline referral screening checklist and algorithm (attached)
This will help wards and services decide whether they should submit a DoLS application following the AGNI judgment. It is more operational than the earlier Gwent scrutiny tool and is intended to support referral decisions.

Strategic and National Engagement

- Continue active participation in All Wales networks and national forums.
- Align Health Board practice with emerging Welsh Government and national guidance when published.

Argymhelliad / Recommendation

To ensure safe, lawful, and consistent implementation, the Executive Committee is asked to:

- **CONSIDER** the legal, operational and workforce implications arising from the AGNI judgment and the risks associated with implementation pending Welsh Government guidance.
- **AGREE** the proposed interim approach to implementation, including review of existing caseloads, application of the AGNI test to new assessments, and use of interim screening and decision-support tools.
- **SUPPORT** the ongoing programme of workforce development, communication, supervision and legal support to ensure safe and consistent implementation across the Health Board.
- **SUPPORT** continued engagement through All Wales MCA/DoLS networks and national forums to inform the development of a consistent Welsh approach.
- **AGREE** to receive a further update once Welsh Government guidance has been published or where significant operational implications emerge.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	5. Timely Care 6. Individual care 3.1 Safe and Clinically Effective Care 6.3 Listening and Learning from Feedback
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Adults in Gwent live healthily and age well
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 patient experience by ensuring services are sensitive to the needs of all and prrioritise areas where evidence shows take up of services is lower or outcomes are worse Improve the access, experience and outcomes of those who require Mental Health and Learning Disability Services Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Mental Capacity Act Supreme Court Judgement June 2026 Deprivation of Liberty Safeguards
Rhestr Termau: Glossary of Terms:	
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	

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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/	Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs Prevention - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives

Gwent DoLS Scrutiny as per AGNI 2026

NOTES

1. The Acid Test under Cheshire West no longer applies.
2. Relevant factors to consider as per AGNI:
    a. Does P have the requisite capacity to consent to all arrangements – if yes, no DoL
    b. If P lacks capacity but by virtue of their behaviour and views and wishes they appear content with the arrangements, i.e.:
        i. They are not objecting,
        ii. They are not being coerced or forced to stay,
        iii. They express positive wishes and feelings about where they are accommodated,
        iv. They are not being prescribed medication that sedates them to leads to any compliance,
        v. The subjective experience of any restrictions is relevant. If they do not experience a restriction as a major intrusion, that tends to indicate a classification of a restriction rather than a deprivation of liberty (136).

    In such circumstances, it may be reasonable to conclude that although P lacks capacity in relation to their care and where to be accommodated to receive that care, they are consenting to the arrangements by virtue of their behaviour and views and wishes and therefore, no DOL.

3. Factors that may be relevant to determine P is deprived of their liberty:
    a. P manifests the view that they do not accept the situation.
    b. Where there is doubt, valid consent should not be inferred, i.e.
        i. Serious doubt about P's true feelings or preferences,
        ii. P lacks capacity to consent to the care arrangements,
        iii. Mere compliance or acquiescence may carry little weight, particularly if it is accompanied by administration of sedative medication which is capable of suppressing objections,
        iv. The necessary element of coercion is present because the individual is being compelled to live somewhere they do not want to live,
        v. If an individual objects to arrangements there is likely to be a conflict (arguments, attempts to leave, expression of wish to leave, conduct showing wish to leave), and associated stress may result in use of physical force or restraint. These features are likely to be clear indicators that the person is being confined,
        vi. Administration of medication that supresses ability and freedom to express wishes and feelings is likely to be highly relevant.

4. Special circumstances for Hospital In-patients:
    a. Is P unable to take advantage of any liberty by virtue of their physical conditions, i.e. P unconscious, physically incapacitated by virtue of a brain injury, suffered a debilitating stroke, has severe dementia, is bed bound, etc.

5. Relative normality for this living at home or in supported accommodation

Note: Re MiG and MeG as per AGNI, are no longer deemed to be deprived of their liberty.

Case No.		Date:		Signature:	
Reason for No DoL as per AGNI:					
Reason for Possible DoL:					
Priority level:					
OUT OF COUNTY ☐		UN BEFRIENDED ☐		TRANSLATOR ☐	

Created by: Tom Grace, MCA / DoLS Lead, ABUHB

Draft pending official guidance

Staff Communication: Important Changes to Deprivation of Liberty Safeguards (DoLS) – June 2026

Date: June 2026

Audience: All clinical and care staff

Key Message

On 2 June 2026, the UK Supreme Court made an important legal decision in relation to the test for a Deprived of their Liberty under article 5 ECHR.

A Reference by the Attorney General for Northern Ireland of a devolution issue under paragraph 34 of Schedule 10 to the Northern Ireland Act 1998 - UK Supreme Court

The legal test for Deprivation of Liberty has changed.

However, the Deprivation of Liberty Safeguards (DoLS) process under Schedule A1 **remains in place** and **must** continue to be used.

What has changed?

The new SC judgment has replaced the '**Acid Test'** laid down **Cheshire West 2014** with a new **'multifactorial approach'** to help decide whether a person is Deprived of their Liberty and if a DoLS authorisation should be granted.

The multifactorial approach states that we need to consider the person's overall situation and whether P is objecting to the arrangements including:

- The type of restrictions they are experiencing
- How long the restrictions are in place
- The impact the restrictions have on them

- Their wishes, feelings and experiences
- The care setting they are in

There is no longer one simple ACID test that determines whether a deprivation of liberty exists.

What does this mean for staff?

The DHSC has published interim guidance

UK Supreme Court 2026 judgment on what constitutes a deprivation of liberty - GOV.UK

Whilst we await further official guidance staff should continue to follow existing Mental Capacity Act and DoLS processes.

Could all staff please:

- To safeguard people, continue to identify and refer people where you believe a deprivation of liberty may be occurring (consider whether care arrangements are restrictive)
- Continue to complete mental capacity assessments and best interest decisions where required.
- Ensure care planning and decision-making are person-centred and clearly documented.
- Use professional judgement at all times
- Seek advice if you are unsure.

If in doubt, continue to make a DoLS referral.

What has NOT changed?

The following remain exactly the same:

- The Mental Capacity Act (2005) remains in force.
- The MCA should continue to be used where people lack capacity to consent to their care arrangements
- DoLS remains the legal process for authorising a deprivation of liberty in hospitals and care homes.
- Existing referral processes remain in place.
- Staff must continue to follow current policies and procedures.

What you need to do now

- Continue to apply DoLS as normal if you believe DoL is occurring
- Ensure decisions are person-centred and clearly documented.
- Seek advice if unsure whether arrangements amount to a deprivation of liberty.
- Attend training updates when provided.

What happens next?

National organisations and governments across the UK are currently developing further guidance to help organisations understand and apply the new judgment.

- The Health Board is actively monitoring developments and reviewing any implications for local practice.
- Further guidance, training and updates will be provided as more information becomes available.

Further Support

If you require advice or support, please contact the MCA/DoLS team. Further guidance and training will be provided as national direction develops.

Mental Capacity Act (MCA)

Deprivation of Liberty Safeguards

Tel: 01495 745801

Email: DoLS.Team@wales..nhs.uk

ABB.MentalCapacityAct@wales.nhs.uk

Tom Grace MCA / DoLS Lead

Deprivation of Liberty Safeguards checklist

Has P been assessed as having capacity to consent to admission for care and treatment?	YES	NO

P lacks capacity - Indicators of a Deprivation of Liberty

	YES
P is expressing a wish to leave	
P is asking to go somewhere else (home, work)	
P is distressed about placement	
Exit seeking	
Resistive to care or supervision	
Medication used to supress objection	
Uncertain of P's wishes/feelings	
Passive compliance	
Evidence of restraint or the use of force	
P is compelled/forced to reside somewhere they do not want to	

If P's care arrangements/presentation include any of the above submit a DoLS application

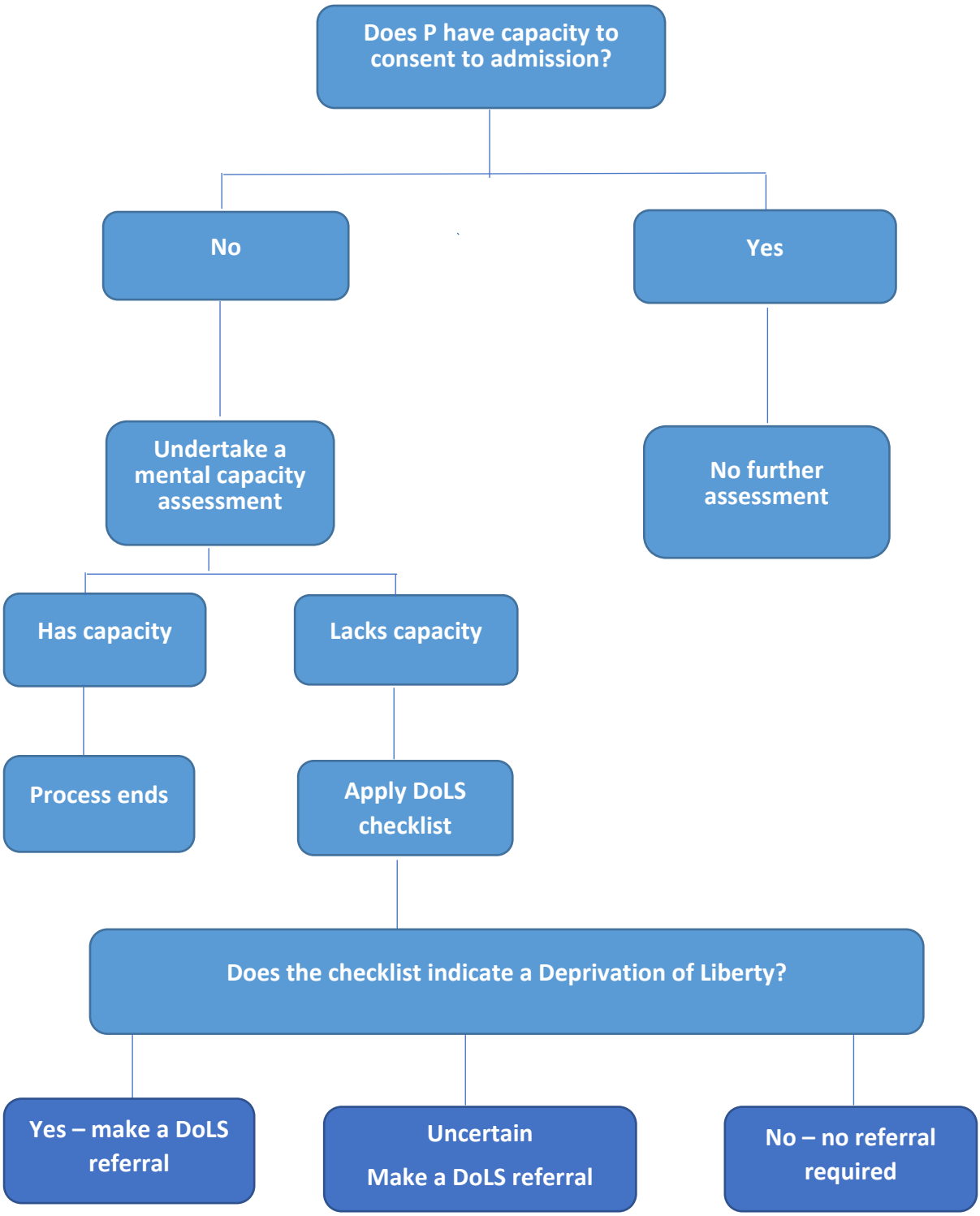
P lacks capacity - Indicators that by virtue of wishes and behaviours they are consenting

	Yes
P appears content	
P has an understanding about where they are residing	
P expresses positive wishes or feelings about where they reside	
P engages with the care needs	
No verbal objection (asking to leave)	
No behavioural objection (resistance, distress, exit seeking)	
No medication to sedate or ensure compliance	
Restrictions not intrusive or distressing	
P is not compelled/forced to reside somewhere they don't wont to	
P is unable to exercise liberty due to physical condition (hospital patients	

If P's care arrangement/presentation include the above DoLS application is not required

If no clarity when completing the checklist, care arrangements/presentation is a combination of both checklists submit a DoLS application

Deprivation of Liberty Safeguards Algorithm



GIG CYMRU NHS WALES – Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board	**CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN** **ANEURIN BEVAN UNIVERSITY HEALTH BOARD MEETING**

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	08 September 2026
CYFARFOD O: **MEETING OF:**	Mental Health and Learning Disability Committee Choose an item.
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Assurance report for the All -Wales Dementia Standards of Care Pathway
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Jennifer Winslade
SWYDDOG ADRODD: **REPORTING OFFICER:**	Amanda Whent. Lead Nurse Dementia.

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

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

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

In March 2026, the Committee received the annual Dementia report describing progress against the Welsh Government Dementia Action Plan and the All-Wales Dementia Standards of Care Pathway. This report provides a six-month update and offers assurance that the Health Board, working through the Regional Dementia Strategic Partnership, continues to make progress in delivering the commitments set out within the national standards and regional action plan. The

report also highlights the emerging risks and challenges that may affect sustainability and future delivery.

The Regional Dementia Strategic Partnership continues to provide strategic leadership across Gwent through a collaborative approach involving Aneurin Bevan University Health Board, local authorities, third sector partners and people with lived experience. The partnership remains focused on delivering person-centred and equitable support for people living with dementia, their carers and families whilst responding to increasing levels of demand across health and social care services.

Cefndir / Background

The All-Wales Dementia Care Pathway Standards were developed to ensure that people living with dementia and their carers receive timely, coordinated and person-centred support throughout their journey, from diagnosis through to end of life care. In Gwent, implementation of the standards is led through the Regional Dementia Strategic Partnership Board and its associated workstreams. These workstreams are aligned to the priorities contained within the Dementia Action Plan for Wales and focus on community engagement, diagnostic services, post-diagnostic support, dementia-friendly environments, workforce development and continuous improvement.

The annual report presented in March 2026 demonstrated significant regional progress and identified priorities for future development. Since that report, work has continued to strengthen dementia support pathways, expand community provision, improve access to information and support for carers, enhance workforce capability and develop dementia-friendly environments across acute and community settings.

The regional programme is supported through Welsh Government funding, with a total allocation of £2.48 million during 2025/26. Whilst this funding has enabled further development and innovation, future national investment beyond 2027 remains uncertain and presents a strategic risk to sustainability of services and continued implementation of the standards.

Asesiad / Assessment

The Health Board can demonstrate continued progress across all five priority workstreams, providing assurance that implementation of the Dementia Standards remains active and aligned to both local need and national expectations.

Community Engagement and Dementia Aware Communities

The Dementia Friendly Gwent network now includes over 400 members, supported by 50 Dementia Aware Leaders across the region. Dementia Hubs are fully operational within all five local authority areas, providing accessible community support and information. A co-produced regional Dementia Padlet has been launched and provides a central source of information, resources and signposting for people living with dementia, carers and professionals. Since launch, the Padlet has attracted substantial engagement and continues to support improved access to information and support.

Alongside this work, the partnership has expanded public awareness activities through podcasts, dementia awareness sessions and brain health initiatives designed to improve understanding of dementia risk factors and promote preventative approaches.

Assessment, Diagnosis and Post-Diagnostic Support

Diagnostic and support services continue to demonstrate high levels of activity. Between January and June 2026, Memory Assessment Services delivered 11,639 appointments whilst Older Adult Psychiatric Liaison Services delivered 9,671 appointments across hospital sites. Across the wider reporting period, Memory Assessment Services delivered 21,297 appointments, representing increased activity compared with the previous year.

A central referral and booking model is being introduced to improve equity of access across Gwent and enable greater flexibility for patients and carers. The Health Board is also participating in innovative research initiatives exploring blood biomarkers for early dementia diagnosis, further strengthening its contribution to research and service development.

People diagnosed with dementia continue to be offered access to Dementia Adviser support, delivered through collaboration with the Alzheimer's Society. Between January and July 2026, 882 referrals were received to the service, demonstrating ongoing demand for information, guidance and practical support following diagnosis.

Support for Carers

Carers remain central to the regional dementia programme. Carers Information Courses are now delivered across all five Gwent boroughs and have received 374 referrals. Additional resources have been developed, including the Details and Vital Information Document (DAVID), which helps carers communicate important information during emergencies and transitions of care. Following positive feedback, this resource has been extended for use by all unpaid carers, regardless of condition.

Dementia Friendly Hospitals

Work continues to progress the Dementia Friendly Hospital Charter and associated three-year action plan. Support has been provided to wards and departments through environmental assessments, improved signage, bedside communication tools and multidisciplinary improvement work. This is particularly important given current occupancy data indicating that approximately one in six people within acute hospitals have a dementia diagnosis, increasing to over 50% within community hospitals.

The increasing prevalence of dementia, combined with pressures on social care and discharge pathways, continues to impact patient flow and length of stay. These challenges reinforce the importance of ongoing work to improve hospital environments and care experiences for people living with dementia.

Workforce Development and Learning

Workforce development remains a key area of focus. Mandatory dementia awareness compliance currently stands at approximately 81-83%, with over 1,000 staff receiving dementia-related education during the reporting period and around 1,500 staff trained across the wider programme. Training has included care homes, acute services, community services and partner organisations, contributing to improved knowledge, confidence and person-centred practice.

Risks and Challenges

Despite the significant progress outlined, a number of challenges remain. The most significant strategic risk relates to uncertainty around future Welsh Government funding arrangements beyond 2027. The potential reduction or loss of funding could significantly impact service sustainability, workforce development, community support provision and the ability to maintain current levels of improvement.

Additional challenges include increasing demand associated with rising prevalence rates, pressure on Memory Assessment Services and Dementia Adviser provision, limited educational resources to support continued workforce development and difficulties securing suitable venues for some carer support programmes.

Argymhelliad / Recommendation

The Committee is asked to:

1. Take assurance from the progress made across the implementation of the All-Wales Dementia Standards of Care Pathway and the Welsh Government Dementia Action Plan.

2. Note the positive outcomes achieved through the Regional Dementia Strategic Partnership, including improvements in community engagement, diagnostic pathways, post-diagnostic support, carer support, workforce development and dementia-friendly environments.
3. Acknowledge the risks associated with increasing demand, workforce capacity and uncertainty regarding future funding arrangements beyond 2027.
4. Support the continuation of the regional work programme and associated priorities for 2026-2028 to ensure sustained progress against the Dementia Standards and improved outcomes for people living with dementia and their carers across Gwent.

The Gwent Regional Dementia Strategic Group have taken a proactive approach, through dedicated Workstreams, to implement the standards. This Group has set the work programme for 2026/27, ensuring priorities are embedded. Although there has been evidence of significant improvements, there is still more to do as identified in the priorities for the coming year.

There are challenges identified which hinder the progress of the programme of improvements in care.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Choose an item. Choose an item. Choose an item. Choose an item.

Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Older adults are supported to live well and independently
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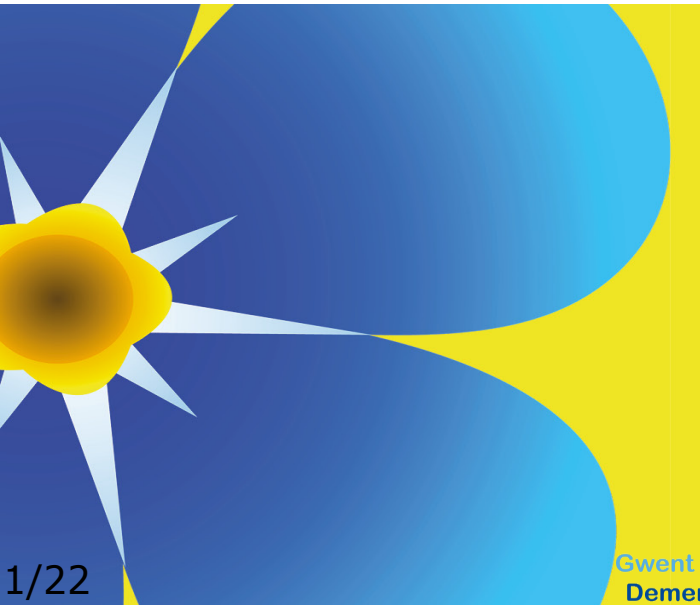
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio **Well Being of Future Generations Act – 5 ways of working** https://futuregenerations.wales/about-us/future-generations-act/	Choose an item. Choose an item.

All-Wales Dementia Pathway of Care.

Assurance report
September 2026



Person-Centred Dementia Care Team

We are committed to supporting the workforce to deliver and embed the highest standard of dementia care for patients and carers.

Gwent sy'n Deall Dementia
Dementia Friendly Gwent

Dementia Standards for Pathways of Care

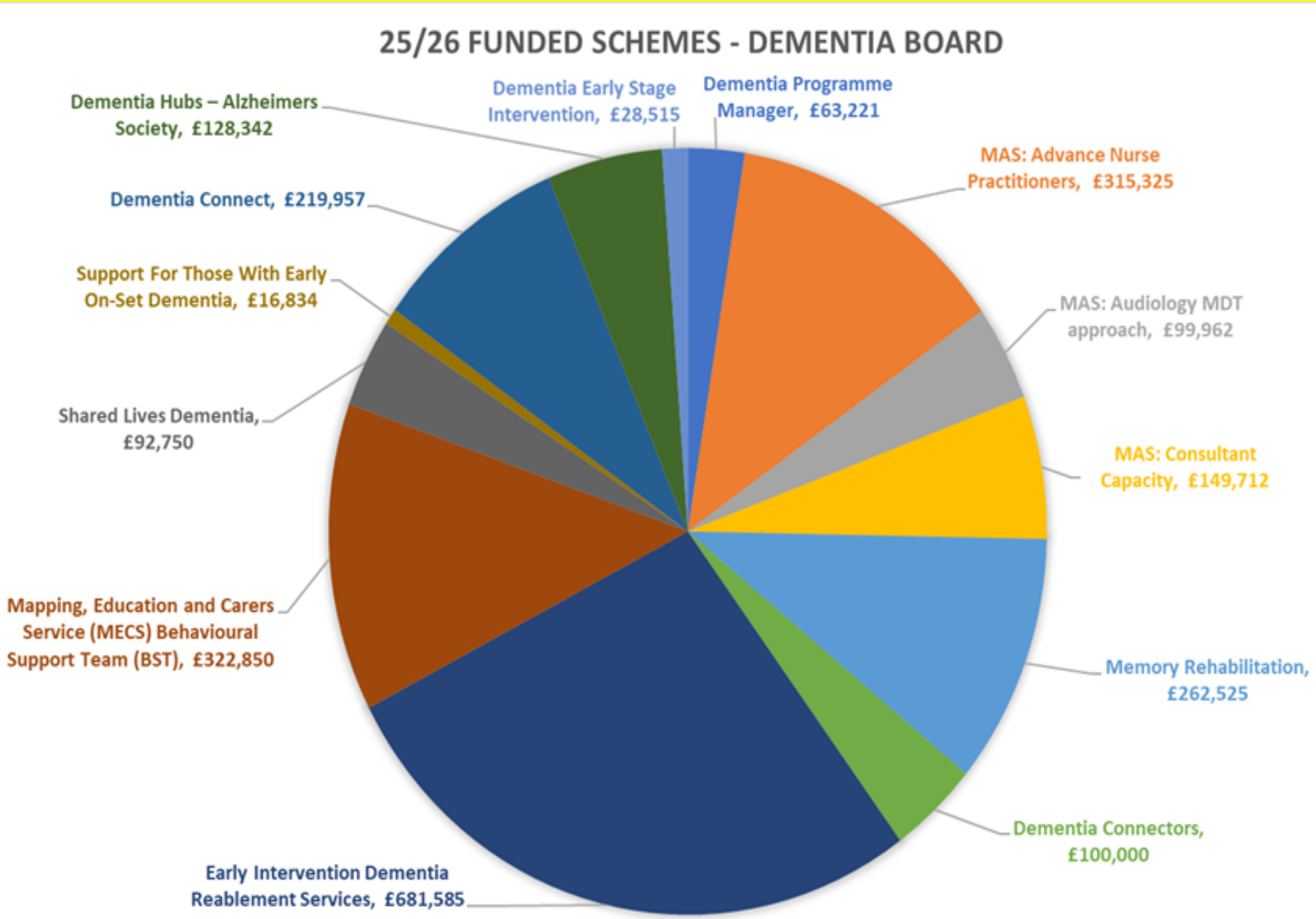
The Regional Dementia Strategic Partnership, chaired by Aneurin Bevan University Health Board, continues offers an update for assurance against the implementation of the **All-Wales Dementia Action Plan** and the **All -Wales Dementia Care Pathways of Standards (2021).**
The Annual Report delivered in March 2026 identifies the priorities and actions taken over the 12-month period **2025/2026**, set out under each of the 5 priority areas. **This is a 6-month review**.

Funded Dementia Schemes

The Dementia Strategic Partnership Board has a total funding allocation of **£2.48m in 2025/26** to deliver the projects within the Dementia programme.

The programmes identified remain under review and the Welsh government have not yet identified future funding allocation following 2027. This has resulted in a series of impact assessments and transitional planning for the probable outcome that funding will not continue in line with previous identified criteria's.

£1095 unallocated funds secured to hold an **Accessibility,** scoping session, identify areas of need to consider adaptations to services and support, including deaf, sight impaired, language and disability access.



Achievements

Workstream 1 – Community Engagement
Launch and full implementation of Dementia Hubs across all five Gwent local authorities.

Launch of a 4 series podcast discussing all aspects of dementia developed with partners across Gwent.

Workstream 2 – Memory Pathway & Carers Support record 21,297 appointments, alongside **pathway** improvements

Workstream 3 – Dementia Advisors
Offered to all people following a diagnosis.

Workstream 4 – Dementia-Friendly Hospitals 3-year action plan, secure funding resources.

Workstream 5 – Learning, Development & Monitoring – 83% mandatory dementia awareness1,500 staff trained

Challenges:

Regional Investment funds, uncertain and unsustainable resources.

Dementia is the leading cause of death, surpassing ischaemic heart disease. In addition to the ageing population in Gwent and the identified risk factors people have associated with dementia increase demand.

Bed Occupancy 1 in 6 people in our hospitals have a dementia diagnosis, increases to 50% in our community hospitals. Increased pressure on social care is having an impact on discharge and patient flow, increased stays. Expediates the progression of a person's dementia which is distressing for the person and family members.

Future funding decision hinders progress and development This can also impact being ready to respond to advances in treatment and technology.

No investment in **Educational resources** to develop a skilled, competent, confident dementia care skilled workforce.

Ongoing challenges with **securing suitable, accessible venues** for Carers Courses.

Commitment to engage in the introduction of **PORT** pilot on wards.

WS1 –Community Engagement; Creating Dementia Aware Communities

There are over 400 members of the Dementia Friendly Gwent network.

There are now 50 Dementia Aware **Leaders**

There are **37** Dementia Aware session delivered attended by 486 people. 2 more train the trainer planned, October and March 2027.

Cardiff University to meet with the community to understand the needs and interest in developing community-based screening such as brain scans, blood work and assessments. This work would identify those who are at risk of dementia and seek to support around **prevention** improving health outcomes and reducing their dementia risk.

Working with a **local school** to coproduce a children's version of Brain Health in response to the lifestyle risks identified with children. One example of the risks is the use of AI to work things out rather than using their own brain. Another risk is obesity, reduced time spent playing outdoors and increased screen time.

A co-produced **Regional Dementia Padlet** has been developed and launched in January 2026. This contains information and signposting.

Posts	324
Contributors	4
Views	552
Visitors	242
Engagement time	24h 0m

Increased activity:

339 resources available to access.

1948 views

Engagement time ; 62hrs

Workstream 2(a)

Memory Assessment Service Pathway

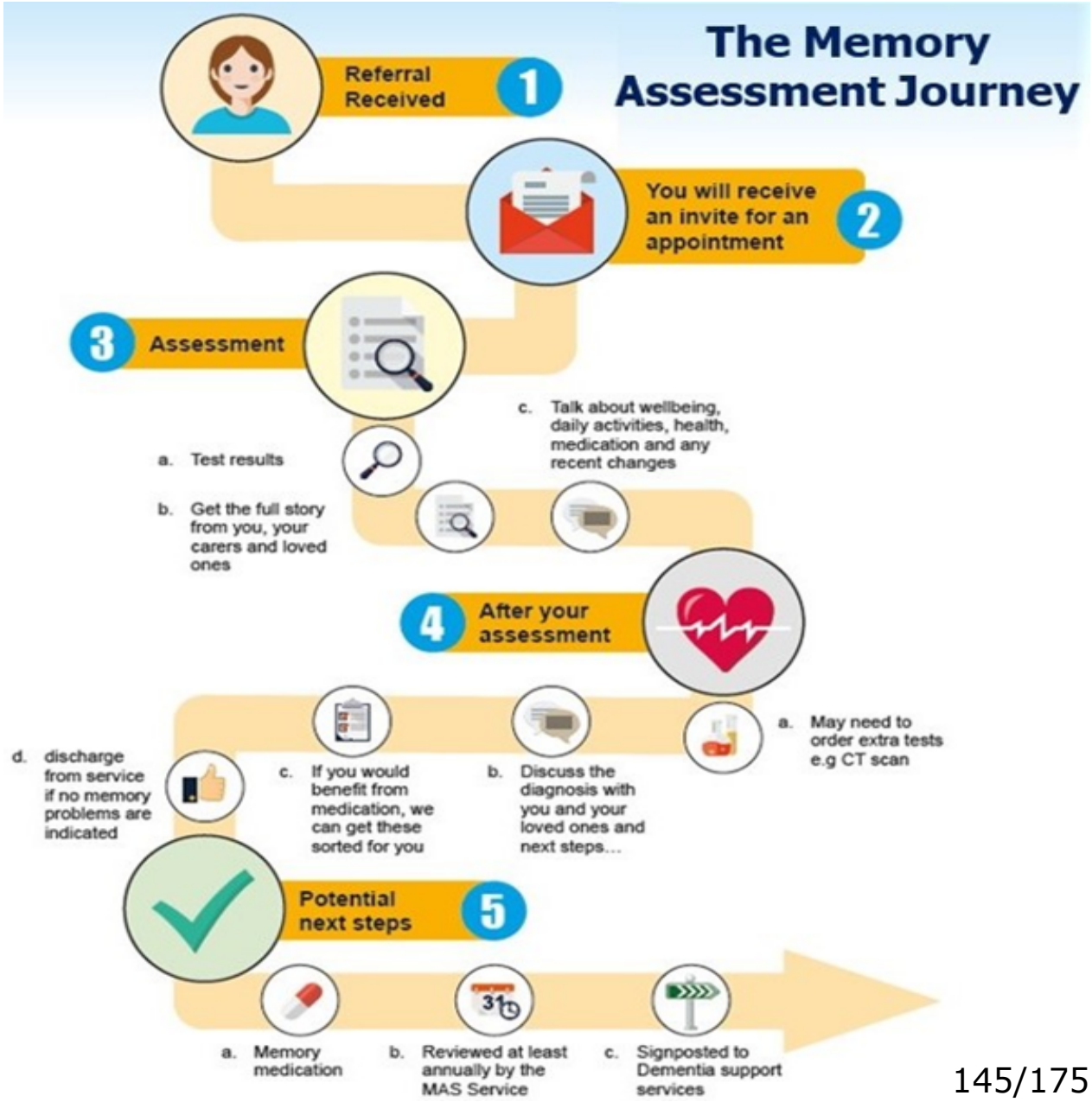
The development and creation of a seamless and **robust pathway** for people assessed and diagnosed with Dementia, their carers and others engaged with people living with Dementia.

Memory Assessment Journey leaflet has been developed to send out with all new appointments for MAS.

MAS Website now live including all contact details, services offered, directions.

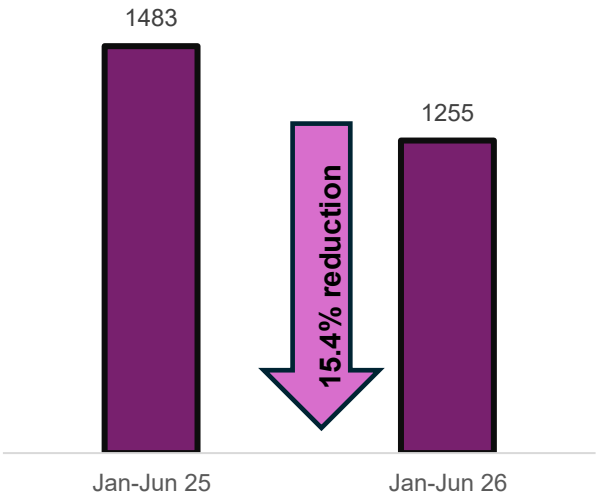
MAS Central Referral and Booking Centre Due to agree a final moving & GO LIVE date this week. This will be in place before November 2026. This will improve equity of access across all boroughs. It will allow patients and carers to choose their appointment time and place, and potentially reduce wait times, by using more efficient systems.

SANDBOX Research Study underway – Led by Dr Chineze Ivenso, looking at blood biomarkers in assisting early diagnosis of dementia. Aneurin Bevan are the first Health Board in Wales to work with this research study.



Memory Assessment Service Pathway January – June 2026

MAS Referrals



Memory Assessment Services

delivered **11,639** appointments

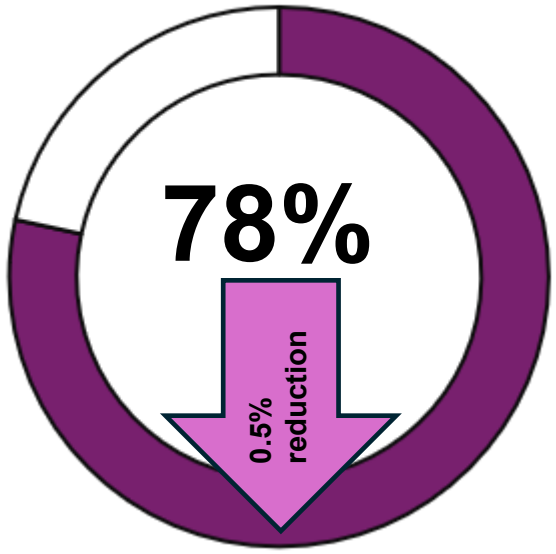
Pre-Screen (28 day waiting list) compliance has increased on average by 6% in 2026.

Older Adult Psychiatric Liaison

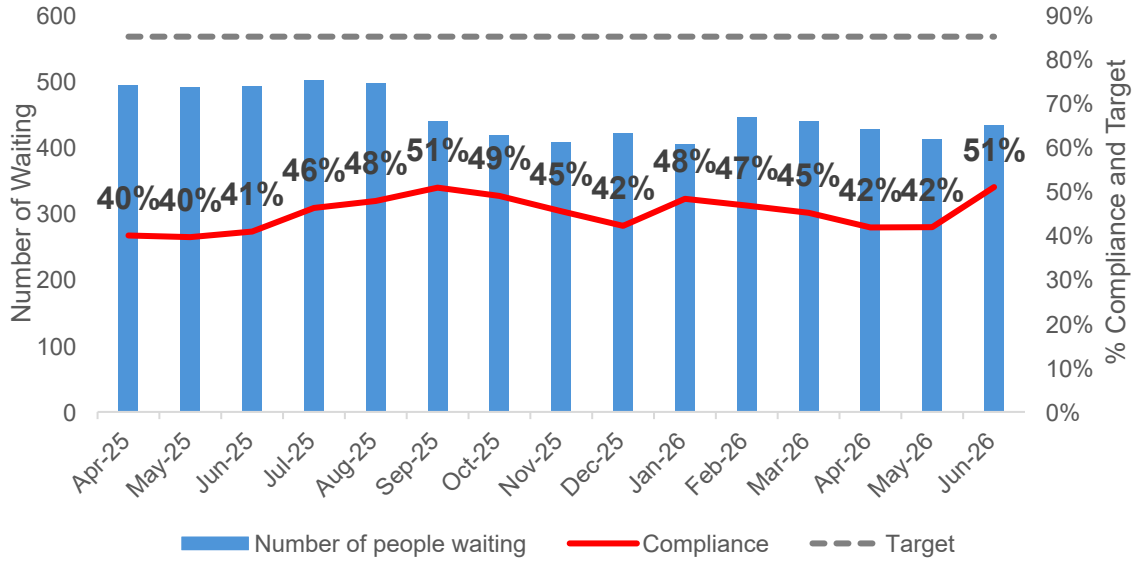
delivered 9,671 appointments between Jan-Jun 2026 across all General Hospital sites

OAPL had 1,054 referrals in the same time period.

Dementia Bed Occupancy



MAS Assessment



DATIX Recorded Falls

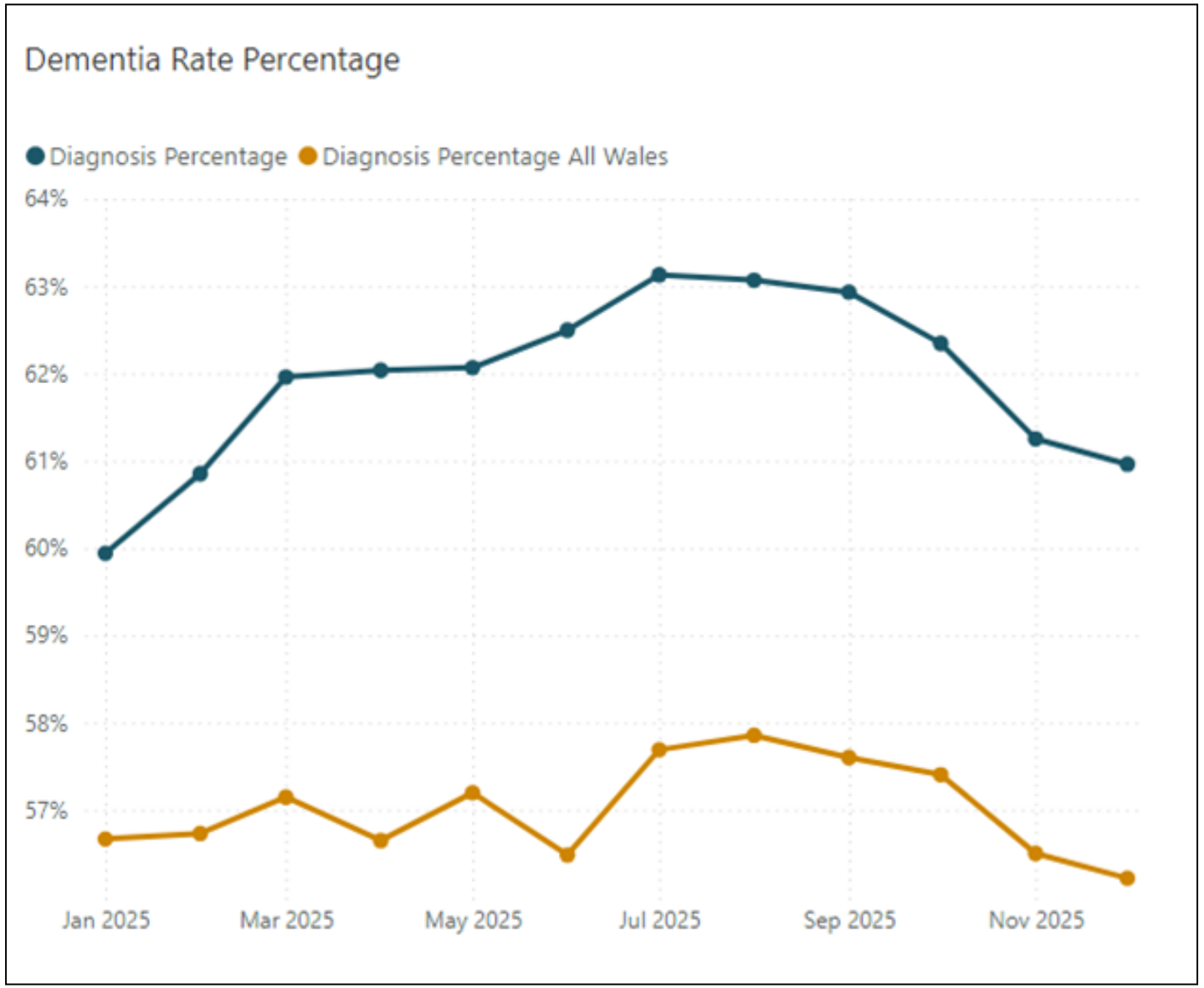
There were 168 falls recorded on DATIX between 01/01/2026 – 30/06/2026 on our Older Adult wards. This is a decrease of 33 falls in the same period in 2025

Estimated Dementia Diagnosis Rates: Aneurin Bevan University Health Board

Memory Assessment Services (MAS) across Gwent delivered **21,297** appointments, this is an **increase of 668** appointments**.**

There have been further additions to the pathway for support following diagnosis as well as identification and recognition of dementia.

Currently the diagnostic rates in the Health Board is above the Wales average.



Workstream 2(b)

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

- The **MEC** (Mapping, Education and Carers) team, have developed a Gwent wide **Carers Information Course** that now runs in six-week blocks in all five Gwent region boroughs.
- **374 referrals** have been received.
- Carers are also offered **Positive Approaches to Care** training, which is a person-centred approach and intervention in dementia care.
- A **resource pack** for Carers has been developed and is in use. This is in both paper and digital formats.
- The team are working collaboratively with Partnership Board to contribute to the **Dementia Friendly Gwent Padlet** for Carers to access a wide variety of up-to-date information.
- **National Exercise Referral Scheme** across Monmouthshire continues to run with input from MECS who facilitate Carer Information Sessions.
- **Courses** are also working in conjunction with Cognitive Stimulation Therapy groups in Torfaen with the hopes of expanding this across Gwent.
- Carers information courses have been facilitated at **Sporting Memories** groups across Gwent.
- In Conjunction with **Tithe Barn Memory Café Abergavenny** Carers Course are delivered when requested

Workstream 2(b)

Impact of the Dementia Carers Information Course

> Thank you everyone. This course has made me more confident in my caring role.

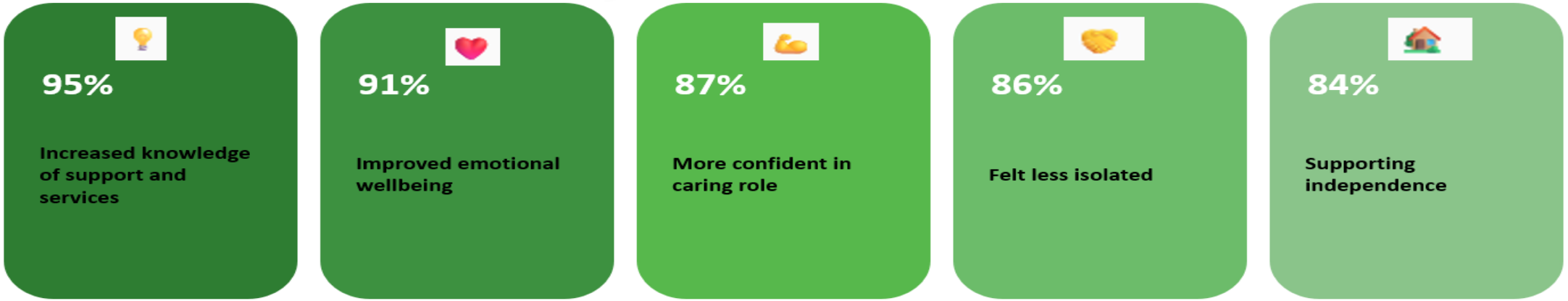
> Absolutely brilliant course. I had no idea about everything available to us and the person we care for. Lovely to meet other carers too.

> The course was very interesting and has put me in touch with relevant services to improve mine and my mother's well-being.

> I feel more able to maintain the independence of the person I care for. I also feel more confident in my caring role.

> Need to have ongoing courses, did not want the course to come to an end.

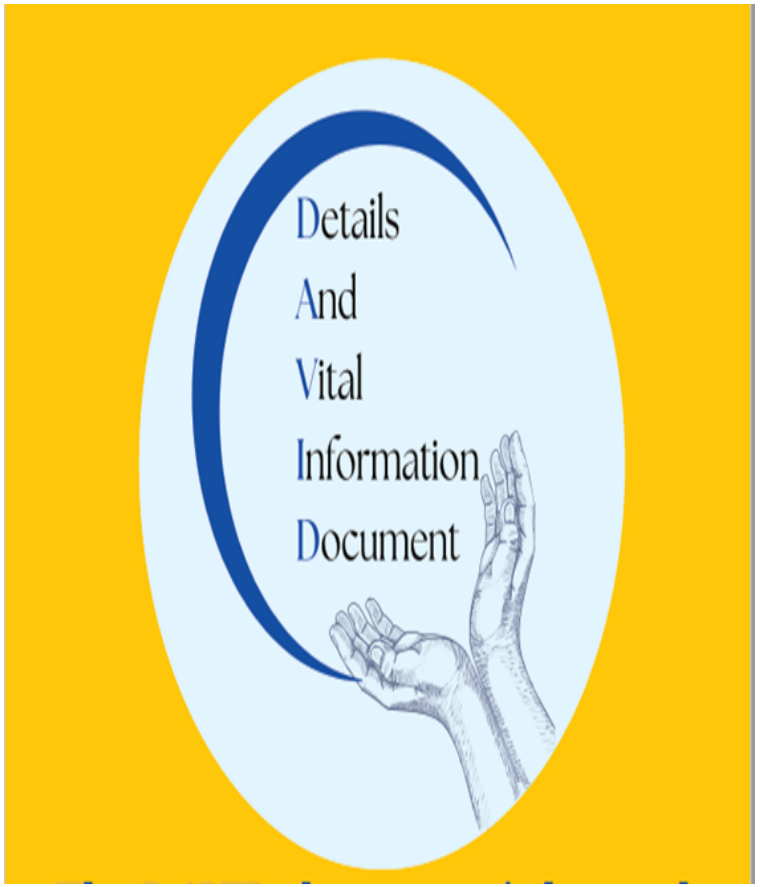
> It was lovely to not feel isolated and hear others stories. Dawn was approachable and fab.



84% to 95% of carers reported positive outcomes across all key measures

Details and Vital Information Document (DAVID)

In June 2025, the ***DAVID*** document was developed and launched by Dawn Morgan, Mapping, Education and Carers lead.



DAVID is a booklet designed to give **carers a voice** in an emergency, or when they are unable to communicate for themselves.

The booklet aims to provide **accurate information** in a timely manner, not only about the carer, but also the person they care for. This in turn will help facilitate the right treatment, right care, and to understand individual wishes, avoid or reduce hospital admission and may also help to facilitate discharge.

Following feedback, the booklet is **now available** for all **unpaid carers** despite who they care for.

Dawn has been shortlisted for the **NHS Wales Awards** for this work.

There is a **desire** for the booklet to go **National**. However, for this to be achieved **funding** will be required.

Workstream 3

Dementia Advisors

Provide support for people affected by dementia to access services within their local area, around from the point of diagnosis to end of life.

- In 2025, Welsh Government awarded **£100k** to each Health Board in Wales to provide a Dementia Connector to scale up the existing Dementia Adviser provision (which is provided Gwent-wide), enabled an additional 2 Dementia Advisers to be recruited.
- The Alzheimer's Society are currently commissioned to provide this service through their community-based **Dementia Advisers** in Gwent.
- Between **January 2026 and July 2026, a total of 882** referrals has been received for community-based Dementia Adviser services across Gwent.
- Alzheimer's Society also provide the **Gwent Dementia Hub** provision and has a dedicated Dementia Adviser in each of the 5 Gwent hubs.
- Additional funding was also secured across Gwent via the Housing with Care Fund to provide a range of **Helpful Everyday** products to assist independence as part of the initial assessment process.

Quote from a carer of a person with Dementia:

- ***"The Dementia Adviser was always there to answer questions and give advice; she made a referral for me to attend the carer course which is starting soon. We felt very supported and reassured that if we had any concerns, she would discuss strategies and made us feel included and always informed. We have gained a lot of confidence and understanding since the Dementia Adviser started supporting."***

In 2025, **Dementia Hubs** were implemented in each local authority across Gwent as a pilot. In January 2026, the formal launch of the hubs took place, supported by the **27** multi agency partners, citizens of Gwent and **HTV Wales.**

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

In total, **1303** visits were made to the Dementia Hubs as of end of January 2026.

Community Engagement and Feedback: The hubs have been described as a "lifeline" by families, offering crucial support and information during difficult times. This engagement has also provided valuable feedback for improving dementia care and support services in line with the All-Wales Dementia Pathway of Care.

Positive Outcomes: The hubs contributed to raising awareness of dementia, and early diagnosis, post diagnostic support and increased community awareness, working to enhance the overall quality of life for individuals with dementia.

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

In total, **2539 visits** were made to the Dementia Hubs between **January – July 2026**

Workstream 4 Hospital Charter

3-year Plan

Aim is to enhance quality, safety, and experience of care, guided by what people with lived experience, families, carers, and staff tell us.

Governance Hospital Steering Group provides oversight, includes key representatives, and drives delivery, monitoring, and continuous learning.

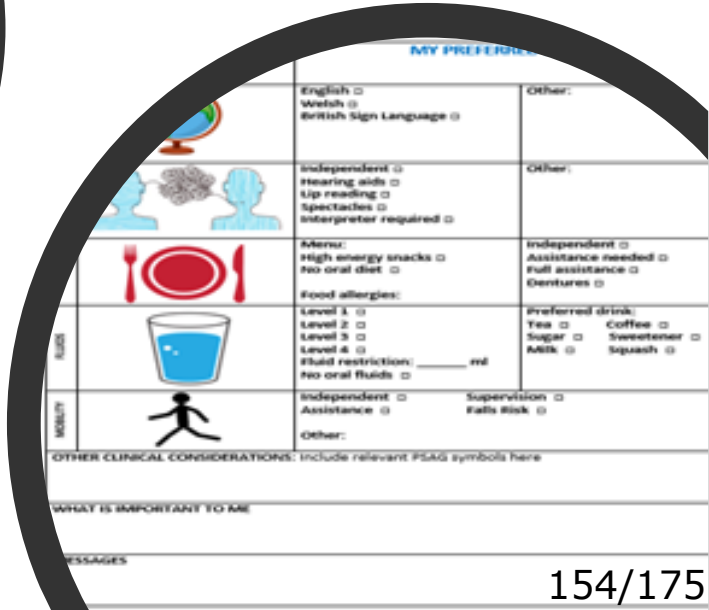
Central Principle Listening and Learning - Ongoing feedback and co-production inform priorities, actions, and improvements.

Nine Priority Areas

- 1. **Accessibility** Embedding dementia-friendly, equitable, and inclusive environments and communication.
- 2. **Assessment** Timely, high-quality, needs-based assessments that reduce delays.
- 3. **Admission** Improving the admission journey with clear communication and person-centred processes.
- 4. **Person-Centred Care** Personalised care planning that protects identity, dignity, and preferences.
- 5. **Meaningful Engagement** Ensuring access to purposeful, therapeutic activity that promotes wellbeing.
- 6. **Carers** Recognising and involving carers as partners in care, with better support and communication.
- 7. **Discharge Planning** Safe, timely, well-coordinated discharge with strong family involvement.
- 8. **Feedback** Expanding real-time patient, carer, and staff feedback to drive quality improvement.
- 9. **Learning and Development** Strengthening workforce capability in dementia-informed, compassionate practice.

Supporting care -Dementia Friendly Environments, resources and workstreams

- **Bed Occupancy** Data suggests that 1 in 6 people in our hospitals have a dementia diagnosis. That figure is over 50% in our community hospitals. The increased pressure on social care is having an impact on discharge and patient flow which means people with dementia stay longer in our hospital environments. Extended stay in a hospital environment expediates the progression of a person's dementia which is distressing for the person and family members.
- The **Dementia Team** have supported a wide range of requests across all areas of the Health Board, including ward spaces and clinic environments. This has included work on signage, bedside boards, and the use of the Kings Fund Environmental Assessment,
- **Multi-disciplinary working**; workstreams and groups such as Deconditioning, Falls, Nutrition and Hydration, Winter Sprints, professional case discussions and supporting ward accreditation reviews.



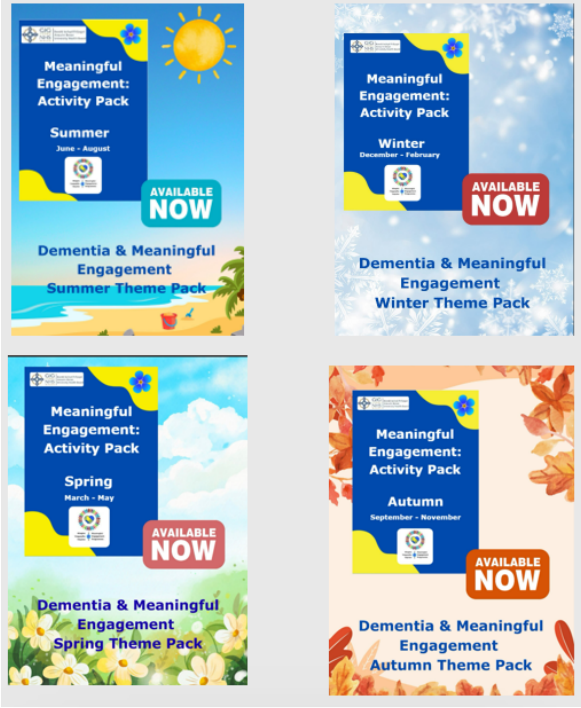
ffrind i mi
friend of mine

Good News Stories

Alan – Alan is a regular volunteer on Hafan Deg ward & has become an integral part of the team, he often arranges special events, hosts quizzes and bingo and provides stimulation for the patients. His support on the ward is valued and appreciated by both staff and patients.

Brett – Supported Brett during his induction process with a new client in the community with a diagnosis of Dementia, to complete a This is Me document during his visits – this was a good exercise for Brett to get to know the client and implement skills to complete the document.

Gillian – Gillian attended a Dementia Training session to support her volunteer role at Chepstow Hospital, following this training, a Care Home in Chepstow, participating in the Meaningful Engagement Programme expressed interest that they would benefit from volunteer visits at the home – Gillian responded that she would like to support, I visited the Home with Gillian for her induction & Gillian now attend twice a week to offer her befriending services to the residents.



Brain Health and Learning Disabilities (LD)

Using Welsh Government funding, ABUHB LD service have worked with a local provider, Flexible Options, to **co-produce five videos and an easy read leaflet around Brain Health**.
The resources are **bilingual** and available **free** across Wales.

The resources support people with LD to learn more about how to keep their brains healthy now and in the future and to develop a **brain health plan**.

Flexible options

Recognition of Good Practice

50 Years of Service Award
Dr Rao

Outstanding Contribution to Person-Centred Care
Winner - Cristie Davies

Education, Innovation and Research
Winner – Newport Memory Assessment Service

Dr Rao, Consultant Psychiatrist for MAS Torfaen celebrated a 50 years service award.

Cristie Davies – our ANP with MAS received the outstanding contribution to person-centred care.

Newport Memory Assessment Service won the Education, Innovation and Research award.

Team of the Year
Winner – Sycamore Ward Team

Excellence & Kindness in Leadership
Winner - Aimee Thomas

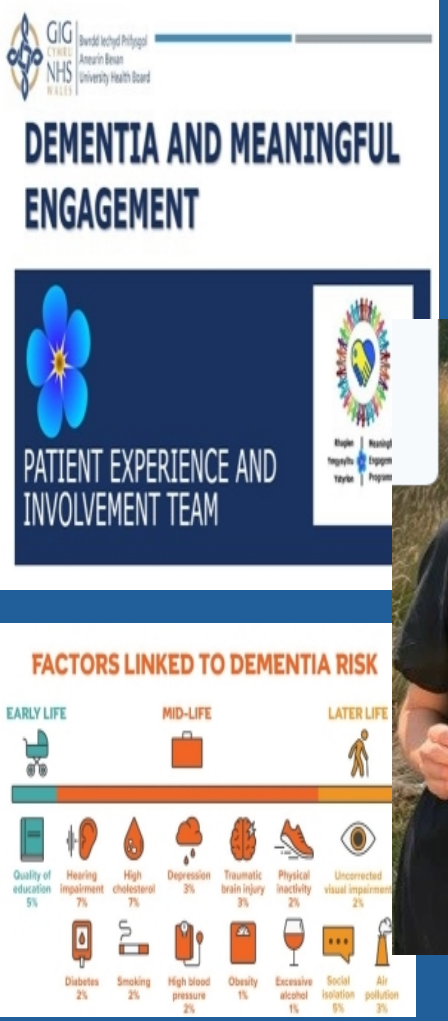
Sycamore ward won Team of the Year.

Aimee Thomas, Deputy Ward Manager (Sycamore) won the Excellence & Kindness in Leadership award.

Donna Wigmore. Nomination for NHS Wales and Staff recognition Dementia and Meaningful Engagement and Activities.

Dawn Morgan nominated for NHS Wales award. DAVID Document.

Learning and Developments. WS5.



Dementia Mandatory awareness module 81%

A total of **1,049** staff received training through the reporting period.

Breakdown of Sessions Delivered:

- 51 sessions delivered directly within **care homes**
- 24 monthly open-access sessions available to all staff across the **Health Board**
- 2 bespoke sessions delivered to **Hospice of the Valleys**
- 4 **RCN Cadets** Sessions
- 2 **A+E** specific Sessions
- 4 Dementia Experience Sessions including **prison** staff.

- Brain Health information session promotes awareness of the **14 risk factors** for dementia with the aim of increasing knowledge and understanding of a healthy brain and reducing risks associated with dementia.
- Experiential days, 3 dates have been agreed throughout **2026**, multi-agency and multidisciplinary attendance.
- The **Learning Disability** service have recently reviewed and updated the training they provide for carers of people with learning disabilities and dementia. The training has been developed with support from our colleagues in the Alzheimer's Society.

Priorities for 2026–2028.

- **Future funding**, risking sustainability of regional dementia programme and/or having to restart work and rebuild networks.
- **Promoting & Preventative** Dementia learning, Brain health. Promotion of the importance of **carers own wellbeing** and the impact of **stress**. Coproducing a children's version of Brain Health with a local school to deliver across the Gwent region.
- **Rising diagnostic rates** increasing pressure **over 25%** occupied hospital beds. This increase is also impacting MAS services and the need for Dementia Advisors with waiting lists in place for each service.
- Embed **Dementia Friendly Hospital Charter actions**, 3-year plan, focusing on ward improvement plans, engagement, volunteers, and patient flow.
- **Develop Pathways** for assessment and treatment and post diagnostic support.
- Participate and support **research and development**.
- **Strengthen Dementia Hubs**, expanding dementia advisors, improving multi-agency support.
- **Improve workforce skills**, ensuring sustained access to dementia-specific training across all sites, secure practice educator to deliver.
- **Carers need** for support, information, and skills training, requiring further scaling.
- **Improve monitoring & data quality**, aligning with national dementia audit, Key performance indicator tracking, identify feedback through Patient Advise & Liaison and CIVIC.

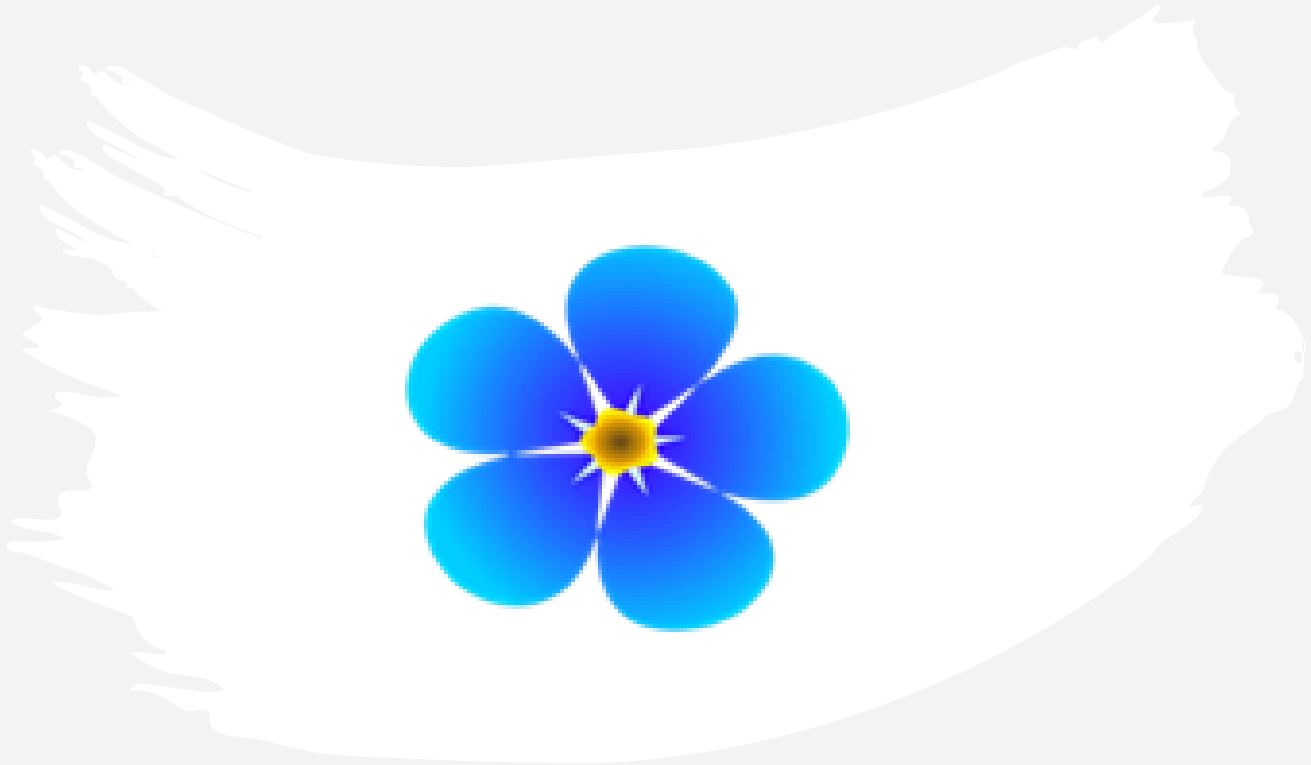
Update from Annual Report March 2026

The Annual Report outlines the developments and actions which supports the **All-Wales Dementia Standards of Care**, as well as identifies the aims and objectives for the coming years.

This **6-month report** offers assurance that progress continue to be proactive and in line with feedback received from the local community as well as in line with national guidance and good practice. It also highlights the challenges to future and further implementation of the standards.

The programmes of improvements are **person centred** and delivered through a co-production, collaborative model. People's feedback is important in order that we ensure that **what matters** to people is used to help **influence, inform and shape** dementia care across the region.

Aneurin Bevan University Health Board are committed to focusing on **listening** and Learning from feedback with an emphasis on diversity and inclusion, to improve the care we provide.



Thank you.

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	08 September 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 Three items deferred to the Forward Work Programme namely

- **Restrictive Practices Monitoring and Oversight Report** has been deferred from September's Committee Meeting to December's Committee Meeting
- **Mental Health Estates Strategy** has been deferred from September's Committee Meeting to March's Committee Meeting
- **MH&LD Divisional Risk Report** has been deferred from September's Committee Meeting to March's Committee Meeting

Additional item on the Forward Work Programme:

There has been one addition to the Forward Work Programme namely

- **Section 136 Frequent Attenders Analysis** has been added from June's Committee 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
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	Choose an item. Choose an item. Not applicable to this report

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

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 • 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**		✓ D		✓
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	COO	**AN**		✓		
Neurodevelopmental Pathway Performance and Waiting List Recovery Update	COO	**AN**		✓		
Restrictive Practices Monitoring and Oversight Report	COO	**AN**		✓ D	✓	
Mental Health Act Bill Update	COO	**AN**		✓		
Section 136 Frequent Attenders Analysis	COO	**AN**		✓		
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	
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	
√	Scheduled agenda item in FWP
D	Deferred from this agenda
√D	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 11th August 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
Pamela Haylings – Associate Hospital Manager
Beverley Hopkins – Mental Health Act and Divisional Admin Manager
Carol Smith – Associate Hospital Manager
Peter Walters – Associate Hospital Manager
Amelia James – Mental Health Act Implementation Support Officer *(Minutes)*

Apologies:

Sandra Mason – Assistant Director: Mental Health Learning Disabilities
Simon Evans – Associate Hospital Manager
Julie Roberts – Associate Hospital Manager

Agenda Item	Key Discussion points /Updates	Action	Who
1. Welcome, Introductions & Apologies	Paul welcomed everybody to the meeting. Apologies were received from Sandra Mason, Simon Evans and Julie Roberts		
2. Matters Arising and Minutes from previous Meeting	**a) <u>Associate Hospital Manager's Pre-meeting discussions prior to panel hearings</u>** Amelia confirmed that she has demonstrated how to use the lobby and breakout rooms to the MHA team. **b) <u>Information Pack for AHM's</u>** Bev said that she hasn't finished the information pack as of yet and will discuss this further later on in the meeting. **c) <u>Report Writing Materials from MHRT</u>** Pete asked if the materials from the report writing sessions provided by the Mental Health Review Tribunal for Wales (MHRT) could be shared with the Associate Hospital Managers (AHM's) once it has taken place. Bev said that she will ask the question.	Bev to ask if the materials can be shared and to share the report writing guidance from the MHRT	**BHopkins**

	Bev also said that there is report writing guidance available on the MHRT website and that she will include this in the information pack she is preparing. The minutes and action points from 2nd June 2026 were reviewed and agreed.		
3. Items for Decision	No items for Decision.		
4. Items for Discussion	**a) <u>Feedback from AHM's</u>** **<u>Chairmanship of the AHM hearings</u>** Pete said that the burden of chairmanship needs to be shared. He explained that he has four hearings over the next month and is chairing 3 of them. Bev said that she will contact Simon and see if he is willing to do some shadowing with a view to becoming a chair. Bev also said that her and Holly will sit down and complete a review of the chairing for upcoming hearings and then hold a meeting with the chairs. Holly explained that she shares out the chairing responsibilities evenly and she keeps a list of this. Holly asked that if anyone would like to do less chairing to contact her and she will arrange it. Bev explained that there is an increase in the number of hearings being held because there is an increase in the number of patients being detained. This is the same across Wales. Bev said that she will put the AHM job advert out again to see if we could get some more hospital managers to take some of the burden. **b) <u>Training Update – AHM's</u>** Bev has arranged for a training day for the AHM's to take place on Friday 13th November. The topics that will be covered	Bev to ask Simon if he is still interested in becoming a chair Bev and Holly to review upcoming hearings Bev to put out AHM job advert	**BHopkins** **BHopkins / HTaylor** **BHopkins**

	are Deprivation of Liberty Safeguards (DoLS), Counter Fraud, Consent to Treatment and a talk from the Pharmacist. Bev asked that the AHM's contact her if there is anything else they would like to be included. Bev will finalise the programme and send out more information closer to the time. It was decided that the next PODSC meeting will be combined with the AHM training day as they are due to take place in the same week. The first hour of the programme on 13th November will be allocated for the PODSC meeting. **c) <u>Associate Hospital Managers Annual Reviews – Timeframe</u>** Bev said that she is still waiting for some of the proforma's to be returned. Once they have been received the reviews will start to take place in early October via teams.	Bev to finalise training day programme and send out further information AHM's to return any outstanding proforma's	**BHopkins** **AHM's**
5. Items for Information	**a) <u>All-Wales AHM Conference – 9th December 2026</u>** The All-Wales AHM Conference will take place on Wednesday 9th December at 10:00 at the Royal Welsh Showground in Builth Wells. More information will follow. **b) <u>Mental Health Act Update Report, Q4 January – March 2026 prepared for meeting of MHLD Committee in June 2026</u>** Paul explained that this report is presented to the Mental Health and Learning Disabilities Committee and he has arranged for the AHM's to receive the report. Paul gave an overview of the report that was presented to the MHLD in June 2026. **c) <u>MHA Admin Staff Update</u>** Bev updated the group that the MHA admin team are working well. **d) <u>Mental Health Act 2025 – Update</u>** There are currently no further updates on the bill.	AHM's to inform MHA office if they are planning to attend	**AHM's**

6. Any Other Business	Carol asked if any of the other AHM's had received emails regarding Cyber Security training. Carol explained that it won't allow her to sign in with her health email address because it says she doesn't have permissions. Carol said that she emailed them back to explain but she hasn't heard anything. Paul advised AHM's only to access emails from the office. Keith expressed his thanks to Holly for the way in which she organises the hearings. Paul thanked the group for their contribution to today's meeting. Paul also thanked Bev, Holly, Amelia and the MHA team for all the work they are doing to support what's been happening locally with ABUHB. Paul thanked Perry, Keith, Pam, Pete and Carol for their excellent efforts and contribution.	Bev to enquire around cyber security training	**BHopkins**
Date of next meetings: Friday 13th November 2026			