

Mental Health and Learning Disabilities Committee

Tue 20 January 2026, 13:00 - 16:00

Microsoft Teams



Agenda

1. PRELIMINARY MATTERS

1.1. Welcome and Introductions

Oral Chair

1.2. Apologies for Absence

Oral Chair

1.3. Declarations of Interest

Oral Chair

1.4. Minutes of the Previous Meeting

Attached Chair

 MHLDC 20260120 1.4 MHLDC 20250909 Minutes - Draft.pdf (12 pages)

1.5. Committee Action Log

Attached Chair

 MHLDC 20260120 1.5 Action Log.pdf (4 pages)

2. ITEMS FOR APPROVAL / RATIFICATION / DECISION

There are no Items for inclusion in this section

3. ITEMS FOR DISCUSSION

3.1. Review of Committee Programme of Business 2025/26


Attached Director of Corporate Governance

 MHLDC 20260120 3.1 MHLDC Review of Committee Programme of Work 202526 Cover Report_.pdf (4 pages)

 MHLDC 20260120 09 3.1 MHLDC FWP 2025-26 - Appendix 1.pdf (7 pages)

3.2. Mental Health Act Compliance Report

Attached Chief Operating Officer

 MHLDC 20260120 3.2 Mental Health Act Compliance Report.pdf (38 pages)

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

Attached Chief Operating Officer

 MHLDC 20260120 3.3 Mental Health Services relates performance and outcomes.pdf (33 pages)

3.4. Restrictive Practice and Associated process Report

Attached *Chief Operating Officer*

 MHLDC 20260120 3.4 Restrictive practice.pdf (10 pages)

3.5. Work Undertaken to ensure Inpatient Safety of Mental Health Units and the Reduction of waits in the Community

Oral *Chief Operating Officer*

 MHLDC 20260120 3.5 MHLDC IQPD November 25.pdf (1 pages)

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

Attached *Director of Nursing*

 MHLDC 20260120 3.6 Assurance Report in respect of Mental Capacity Act and DOLS.pdf (7 pages)

4. ITEMS FOR INFORMATION

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

Attached *PoD Chair*

 MHLDC 20260120 4.1 Power of Discharge Sub-Committee Update Minutes 11.11.25.pdf (5 pages)

5. OTHER MATTERS

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

Oral *Chair*

5.2. Any Other Urgent Business

Oral *Chair*

5.3. Date of the Next Meeting: 24th March 2026



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

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

DATE OF MEETING	Tuesday 9 th September 2025 09:30-12:30
VENUE	Executive Meeting Room, St Cadocs

PRESENT	Penny Jones, Chair
	Paul Deneen, Vice Chair
	Dafydd Vaughn, Independent Member
IN ATTENDANCE	Phillip Robson, ABHUB Vice Chair
	Jennifer Winslade, Director of Nursing
	Rani Dash, Director of Corporate Governance
	Richard Morgan-Evans, Deputy Chief Operating Officer
	Louise Turner, Divisional Director of Mental Health and Learning Disabilities
	Rebecca Goode, Head of Operational Transformation
	Kavitha Pasunuru, Divisional Director Family & Therapies
	Nadine Gould, Divisional Nurse for Mental Health & Learning Disabilities
	Sandra Mason, Assistant Director of Mental Health & Learning Disabilities
	Thomas Jaynes, Governance Support Officer
APOLOGIES	Leanne Watkins, Chief Operating Officer
	Andy Bagwell, Interim Medical Director
	Mark Williams, Clinical Director Child and Adolescent Mental Health Services
	Tracy Daszkiewicz, Director of Public Health
OBSERVING	Polly Frazer, Aspiring Board Member

MHLD/0999/01	Welcome and Introductions
	The Chair welcomed everyone to the meeting.
	Apologies for Absence
	Apologies for absence were noted.
	Declarations of Interest



	<p>In respect of the Overview of Quality Improvement papers included for discussion, Penny Jones (PJ), Chair, declared knowledge of a contact in Hafren Deg Ward.</p>
<p>MHLD/0909/02</p>	<p>Draft Minutes of 17th June 2025 Meeting</p> <p>The minutes of the Mental Health and Learning Disabilities Committee held on 17th June 2025 were agreed as a true and accurate record of the meeting.</p> <p>The Committee APPROVED the minutes.</p> <p>Committee Action Log</p> <p>The Committee received the action log and was content with progress made in relation to completed actions and noted no outstanding actions.</p> <p>The Committee NOTED the action log.</p>
<p>MHLD/0909/03</p>	<p>Review of Committee Programme of Business 2025/26</p> <p>Rani Dash (RD), Director of Corporate Governance, provided the Committee with an overview of updates to the Committee forward workplan for 2025/26.</p> <p>The Committee APPROVED the updated Committee forward work plan and NOTED any updates would be brought forward to each future Committee meeting for oversight.</p> <p>Mental Health Act Compliance Report</p> <p>Louise Turner (LT), Divisional Director of Mental Health and Learning Disabilities, provided the Committee with an overview of the Mental Health Act Compliance report for quarter 1 April–June 2025. The report was to provide assurance on the Health Board’s compliance with the legislative requirements of the Mental Health Act.</p> <p>LT highlighted that general activity and detentions under the Act were higher but advised the Committee that these were within normal variation. LT noted there was a fifty percent decrease in the use of Section 4, which had been attributed to the enumeration agreement for additional</p>



Section 12 work. The Committee advised that Section 4 detentions were being closely monitored with partners.

LT noted that the usage of Section 136 use had remained high and detentions had increased this with no clear cause. The Committee noted the directorate continued to monitor and seek alternatives for frequent attendees, such as 111 press 2 and crisis services.

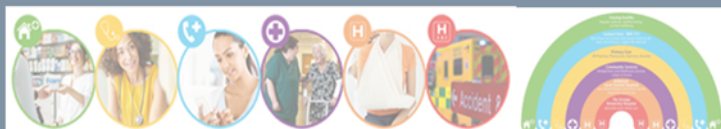
Dafydd Vaughan (DV), Independent Member, queried the impact of Section 136 and the disproportionate use of the Act on women with substance misuse. The Committee noted the use of Section 136 was by the Police and not the Health Board so there was lack of details on the disproportionate use on this patient group. The Committee was advised that there would be closer working with the Police as part of phase 4 of the Right Care and Right Person policy.

LT informed the Committee rectifiable errors had decreased by 78% which was credited to enhanced scrutiny and training within the Division. The Committee was informed that Hospital Managers' meetings continued to be held regularly and noted that there had been an increase in the recruitment of Hospital Managers, which had contributed to progress in hearings, with seventeen held this quarter and only three outstanding.

LT noted there was a higher-than-average increase in CTOs with no specific cause or reasons identified.

Phil Robson (PR), ABHUB Vice Chair, welcomed the detail of the report but requested comparable data to other Welsh Health Boards as current reporting was self-comparative. The Committee noted the application of the Act data was not nationally available and would require engagement with other Welsh Health Boards. The Committee acknowledged challenges that other Health Board's record data in different ways and different reporting schedules. The Committee requested a selection of data from other Welsh Health Boards to ensure the Health Board is not an outlier in the use of the Act.

Action: Divisional Director of Mental Health and Learning Disabilities



Paul Deneen (PD), Independent Member, emphasised the importance of ensuring that the data clearly identifies patients who had been detained more than once within the same quarter.

Action: Divisional Director of Mental Health and Learning Disabilities

The Committee **NOTED** the information provided on the use of the Mental Health Act.

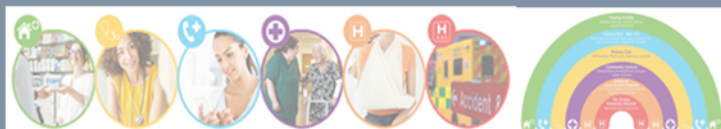
Mental Health Services related Performance and Outcomes Report

Richard Morgan-Evans (RME), Deputy Chief Operating Officer, introduced the report for assurance and outlined the performance and outcomes for Mental Health Services.

RME outlined the Primary Care Mental Health Performance. RME highlighted that compliance with the twenty-eight-day assessment and intervention standards had remained above 80% which reflected a sustained improvement due to focused efforts and process automation. The Committee noted Robotic Process Automation had contributed to efficiency but recent IT firewall changes by DHCW had temporarily disrupted its operation and had been escalated for resolution. The Committee was informed that waiting lists had decreased and validation work had removed patients from ongoing waiting lists post-intervention. The Committee acknowledged ongoing good practices by the Division.

RME outlined the performance on Care and Treatment Plans (CTP). The Committee was informed compliance with Part 2 CTPs had shown an upward trend with the latest validated data at 86% in July 2025. The Committee was informed that the Division expected to reach the 90% target by August or September 2025 and was further assured there remained a focus on improving the quality of care and treatment plans and not just compliance rates.

RME outlined performance on Psychological Therapies and the Committee noted the waiting list for psychological therapies had improved and 56% of patients had been seen within the 26-week target against a target of 80%. The



Committee noted no Welsh Health Board was currently meeting this target due to demand. The Committee was informed that the Division aimed to reach 60% by year-end and with no patients waiting over one year for psychological therapies, which had been committed to Welsh Government. The Committee was informed that the Division was no longer an outlier in Wales and in line with other Welsh Health Boards.

The Committee discussed resource constraints and the need for accurate waiting list validation. It was noted that the division was working toward a clearer understanding of demand and capacity to inform future service model changes for the implantation of psychological therapies for patients.

The Committee discussed Welsh Government's ambition for same-day access to mental health services and was assured the Health Board was aligning services around 111 press 2 and was developing a stepped approach to open access including crisis teams at the front door. Phil Robson (PR), ABUHB Vice Chair, queried whether the Health Board would meet the Welsh Government deadline. The Committee was advised that the Welsh Government's delivery plan did not have a target date set.

Paul Deneen (PD), Independent Member, requested a list of psychological therapies provided by the division as part of the next report and for them to be ranked in terms of demand.

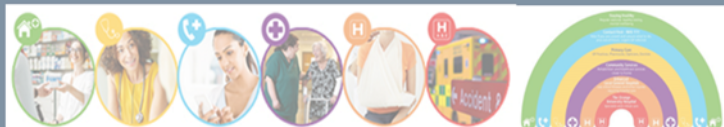
Action: Chief Operating Officer

The Committee **NOTED** the report.

Child and Adolescent Mental Health Services related Performance and Outcomes Report

Richard Morgan-Evans (RME), Deputy Chief Operating Officer, provided the Committee with an update for assurance on the performance and outcomes of Child and Adolescent Mental Health Services.

RME outlined Child and Adolescent Mental Health Services performance and the Committee was advised that there had been a continued 80% compliance for assessment and



intervention standards. The Committee noted neurodiversity 26 week waiting times standards had improved and that the ABUHB was the only Health Board in Wales to meet the 80% target at year-end. The Committee acknowledged performance was now 70% due to continued demand and limited additional funding. RME noted there was an ambition to prevent any patients waiting over 26 weeks and to maintain performance close to 80%.

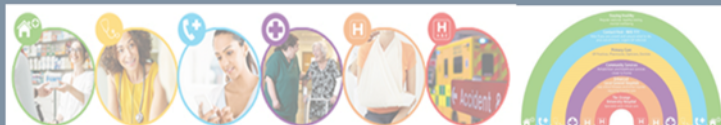
RME noted compliance with Part 2 CTPs had continued to improve and had reached 96%. The Committee acknowledged the successful recovery plan and ongoing demand and capacity management.

Penny Jones (PJ), Chair, queried whether there would be additional funding available for the service considering the service's improved performance and whether there were any staff vacancies in the division. The Committee noted conversations were ongoing with Welsh Government for additional funding to fill vacancies to ensure continued improvement in performance.

The Committee discussed the increased demand of referrals for assessment pathways for neurodiversity. Kavitha (KM), Divisional Director, Families and Therapies, noted there was no separate assessment pathway for ADHD and Autism. KM noted that 50% of referrals were given a diagnosis and 50% were provided other psychological primary care support for non-related Neurodiversity conditions.

The Committee discussed the gender breakdown of referrals and the greater likelihood of boys being referred to the service compared to girls. The Committee was advised that the division was closely monitoring the data, was working to ensure there was no gender biases in assessments and was working closely with schools to ensure schools were supported in recognising symptoms of neurodiversity in girls.

The Committee **NOTED** the report.



Overview of Quality Improvement

Sandra Mason (SM), Assistant Director of Mental Health & Learning Disabilities, introduced the item for assurance. The Committee noted the division had implemented a quality improvement plan from July 2023 with executive oversight and regular monitoring. The Committee was advised that progress was ongoing with continued focus on cultural change and staff engagement.

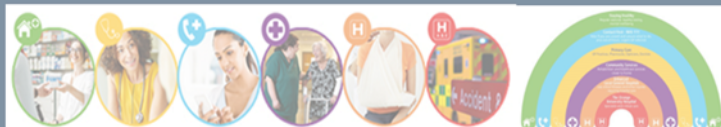
SM outlined themes that had been addressed by Quality Improvement and noted on Policy and Control Documents most divisional policies had now been ratified with the remaining two scheduled for completion by year-end. The Committee noted a tracker was in place to monitor policy review dates.

SM outlined training and competency in the Division and noted training delivery and monitoring had improved which included better access to training materials and assurance of staff competency, especially for non-substantive staff to ensure full competency. The Committee noted observation and engagement training was a key focus area of the Quality and Improvement Plan.

SM outlined care and treatment planning and the Committee was advised that audits and support had improved the quality with additional work towards accreditation for wards. SM noted incident reviews and investigations had improved with new daily incident reviews which were conducted by lead nurses, the result of this had improved feedback, team communication, timeliness of investigations and implementation of actions. SM noted there were daily afternoon meetings provided further oversight of bed status and staffing.

SM noted safeguarding and complaints processes and assurance mechanisms had been strengthened. The Committee was advised that complaints management had improved, with better response times and thematic learning. The Committee noted that efforts to capture patient experience data were ongoing with further work needed to improve compliance and feedback mechanisms.

SM outlined governance and professional standards and noted governance arrangements had been reviewed to



Action: Committee Secretariat

PD commented on the potential use of body camera for staff to prevent and document violence and aggression against staff. The Committee noted that this would be provided through the People and Culture Committee.

The Committee **NOTED** the report.

Chief Operating Officer Update Report, including: Right Care, Right Person, Phase 3 and Mental Health Bill

Richard Morgan-Evans (RME), Deputy Chief Operating Officer, provided the Committee with an update on phase three of the Right Care, Right Person implementation and the new Mental Health Bill.

RME outlined phase 3 of the Right Care, Right Person initiative and noted phase 3 focused on transport responsibilities. The Committee noted meetings with multi-agency collaboration had taken place to clarify tiers of provision which included: St. John's Ambulance; the Police; secure/private transport, and potential clinically-led options within the health board). The Committee was informed that operational meetings were ongoing which reviewed real-life cases monthly and also fostered learning and improved collaboration between Gwent police and Health board staff.

RME noted the division was working to refine its own transport offer and integrate it with crisis services and the 111 press 2 pathways. The Committee noted the aim would be to provide earlier intervention and reduced escalation to police involvement. Louise Turner (LT), Divisional Director, commented that the development of a multiagency Standard Operating Procedure was key to understanding what the local transport offer was. The Committee discussed the potential need for business case development to support transport solutions and welcomed the continued multiagency approach.

The Committee **NOTED** the report.



The Committee received a summary of the new Mental Health Bill. The Committee discussed the Bill and LT noted even though there would not be any fundamental changes there would be an impact on the Division regarding tribunal numbers and provisions for people with learning disabilities or autism. The Committee was assured the Health Board would work with other Welsh Health Boards to understand the Bill's implications.

Penny Jones (PJ), Chair, requested an item briefing which fully briefed on the new Bill and the timeline of the Bill's phased approach if available a future Committee's agenda. The Committee agreed this would be scheduled once there was legislative clarity on incremental implantation and its effect on Wales.

Paul Deneen (PD), Independent Member, requested a timeline of the briefing as the Bill proceeds to becoming a legislative act and a timeline of development and training for staff across the Health Board especially Hospital Managers and for a Board Briefing to be arranged. The Committee agreed this would be set up once there was clarity and the implications of the new legislation were fully understood.

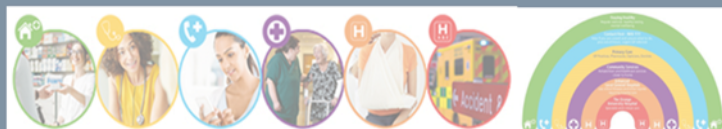
Phil Robson (PR), ABUHB Vice Chair, queried whether there was a new definition of a nominated person. The Committee noted the Bill was still in early stages in Wales and there was lack of clarity on this. The Committee was assured this would be outlined once the Bill had become clear.

The Committee **NOTED** the report.

The Committee discussed Division's awards and acknowledged staff awards, conference contributions of the Division and volunteering awards.

Dementia Assurance Standards Report

Jennifer Winslade (JW), Director of Nursing, introduced the report for assurance. The Committee noted the number of workstreams and priorities for the coming year which included: expanding training opportunities; embedding best practices; reducing postcode lottery in service access, and supporting carers through the six goals program and



	<p>care and collusion work. JW advised that the committee work on cultural competence was ongoing in services to ensure all patients were treated with cultural sensitivity and noted volunteer recruitment was ongoing, and the Friend in Me supporter program was being strengthened, with a focus on both hospital and community connectors. The Committee noted innovation projects included research on reducing incontinence pad use and the role of Dementia champions was being developed to ensure hospital environments were dementia-friendly.</p> <p>Penny Jones (PJ), Chair, raised the importance of working closely with Local Authorities and the Committee noted partnerships and community engagement collaboration existed with local authorities, voluntary sector, and carers, coordinated through the Regional Partnership Board and the carer's subgroups. JW noted a workstream of Intergenerational practice was promoted which included school engagement and choirs in order to demystify dementia and foster community inclusion.</p> <p>JW outlined risks and the Committee noted the rising number of people with dementia in Gwent was acknowledged and that the regional integrated fund that supported these initiatives was currently funded until 2027. The Committee acknowledged concerns about future sustainability.</p> <p>Paul Deneen (PD), Independent Member, noted the importance of voluntary and staff awards working in Dementia to show the value of work for future funding. PJ suggested awards should be recognised as patients and visitors enter hospitals especially the entrance of the Grange University Hospital.</p> <p>The Committee NOTED the report.</p>
<p>MHLD/0909/04</p>	<p>Power of Discharge Sub-Committee</p> <p>The Committee NOTED for information.</p>
<p>MHLD/0909/05</p>	<p>Items to be Brought to the Attention of the Board and Other Committees</p> <p>The Committee expressed concern over incidents of violence and aggression against Health Board staff and was</p>



assured this was scheduled for consideration by the People and Culture Committee.

Any Other Urgent Business

There was no urgent business.

Date of the Next Meeting: 9th December 2025





Outstanding	Overdue: In Progress	Not Due	Completed	Transferred to another Committee
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Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
September 2025	MHLD/0909/03.2	Division to engage with other Welsh Health Boards and obtain data on their implementation and use of the Mental Health Act for comparison, for inclusion in the Mental Health Act Monitoring Report	Chief Operating Officer/Divisional Director of Mental Health & Learning Disabilities	December 2025	Completed <u>November Update</u> Action has been included within the Committee forward work plan.
September 2025	MHLD/0909/03.2	Division to ensure duplicate patients, who are detained more than once in a quarter, are highlighted in the data to ensure accurate reporting in the Mental Health Act Monitoring Report	Chief Operating Officer/Divisional Director of Mental Health & Learning Disabilities	December 2025	Completed <u>November update</u> Action has been included within the Committee forward work plan.
September 2025	MHLD/0909/03.3	Divisional Director to provide the Committee with a list of Psychological Therapies provided by the Health Board and for them to be ranked by	Divisional Director of Mental Health & Learning Disabilities	December 2025	Outstanding December Update <ul style="list-style-type: none"> Maintaining around 55%, with confidence in



Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
		<p>patient demand as part of the next Mental Health Services related Performance and Outcomes Report</p>			<p>reaching 60% by year-end as per submitted trajectory.</p> <ul style="list-style-type: none"> Audit and validation ongoing and Data cleansing program continues, creating more opportunities for outcome appointments. Dashboards now in place for all teams to review waiting lists. Rollout of common SOP across all Psychological Therapies completed; Perinatal included. WG clarification sought on RTT rules vs rest of Wales; draft document out for comment. Further update will be provided at the next committee meeting once the validation and cleansing of data is done and we have consistent



Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
					<p>RTT rules across the rest of Wales.</p> <p><u>November update</u> The division requested for this action to be deferred to the following meeting in March.</p>
September 2025	MHLD/0909/03.5	Committee Secretariat to schedule an agenda item on the Committee's Forward Work Plan for the use of the Health Board's restrictive practices	Committee Secretariat	December 2025	<p>Completed</p> <p><u>November update</u> Action has been included with the Committee forward work plan and added to December 2025 agenda under item 3.6</p>

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



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



DYDDIAD Y CYFARFOD: DATE OF MEETING:	20 January 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 Forward Work Plan 2025/26
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Director of Corporate Governance
SWYDDOG ADRODD: REPORTING OFFICER:	Governance Support Officer

Pwrpas yr Adroddiad
Purpose of the Report

Er Gwybodaeth/For Information

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

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

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

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

Cefndir / Background

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

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

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

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

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

During the period the following requests and/or changes to the forward work plan have been included.

Deferred item on the Forward Work Programme:

- Staff Security, including Violence and Aggression, specific to MH&LD Services staff, has been deferred from December 2025 to March 2026 meeting.
- MENTAL HEALTH & LD DIVISION: IMTP Priorities – Workforce, has been deferred from December 2025 to March 2026 meeting.
- Committee Risk Report has been deferred from December 2025 to March 2026

Additions to the Forward Work Programme:

- Engage with other Welsh Health Boards and obtain data on their implementation and use of the Mental Health Act for comparison, has been added to the programme to form part of agenda item Mental Health Act Compliance Report for December 2025 meeting.
- Ensure duplicate patients, who are detained more than once in a quarter, are highlighted in the data to ensure accurate reporting, has been added to the programme to form part of agenda item Mental Health Act Compliance Report for December 2025 meeting.
- Restrictive Practice and Associated process Report has been added to the programme for December 2025 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:

The monitoring and reporting of committee business is a key element of the Health Boards assurance framework

Datix Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. The Committee Forward Programme monitors delivery of objectives.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Choose an item. Choose an item. Choose an item. Choose an item. Not Applicable

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

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper No does not meet requirements
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk

**Deddf Llesiant
Cenedlaethau'r Dyfodol – 5
ffordd o weithio
Well Being of Future
Generations Act – 5 ways
of working**

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

Choose an item.

Choose an item.

Not applicable to this report



Annual Programme of Business for 2025-26

Mental Health and Learning Disabilities Committee

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

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

Area of Focus as per Standing Orders:

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

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

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

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

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

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

including Quality, Safety and Activity						
111 Press 2 Performance and Outcomes	COO	AN	✓			
Assurance in respect of Mental Capacity Act and DOLS	DON	Bi-Annual	✓		✓	
Mental Health Estates Strategy	COO	Bi-Annual		✓		✓
MH&LD Division: Staff Wellbeing & Engagement	COO	Annual			✓	
Staff Security, including Violence and Aggression, specific to MH&LD Services staff	COO	AN			✓ D	✓
Assurance in respect of CAMHS Services	COO	Bi-Annual		✓		✓
Assurance in respect of Dementia Standards	DoN	Bi-Annual		✓		✓
MH&LD Divisional Risk Report	COO/ DoCG	Bi-Annual		✓		✓
Restrictive practice and associated process Report MHLD/1706/06	COO	Action			✓	
Right Care Right Person report to include the progress of phase 3 and anonymised case studies. MHLD/1706/07	COO	Action		✓		
Report on the impact of Robotic Process Automation (RPA) with detail on implementation MHLD/1706/08	COO	Action		✓		

The Mental Health Bill update on the impact on Wales MHLD/1706/10	COO	Action		✓		
Restrictive Practice and Associated process Report MHLD/0909/03.5	COO	Action			✓	
MENTAL HEALTH & LD DIVISION: IMTP Priorities						
Models of Care	COO	Annual		✓		
Partnerships	COO	Annual				✓
Quality Improvement	COO	Annual		✓		
Workforce	COO	Annual			✓ D	✓
Digital Transformation	COO	Annual				✓

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

HoQI	Head of Quality Improvement for MHLD
Chair	Chair

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	20 January 2026
CYFARFOD O: MEETING OF:	Mental Health and Learning Disabilities Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Mental Health Act Compliance Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Leanne Watkins, Chief Operating Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Louise Turner, Divisional Director MH&LD

Pwrpas yr Adroddiad
Purpose of the Report

Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The report provides activity information on the use of the Mental Health Act over Quarter 2, July – September 2025 and provides a comparison of activity over the previous quarter. Where available, other information sources will be used in order to highlight any trends, patterns or variation over time.

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

Cefndir / Background

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

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

The health board requires that a quarterly report 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 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 67% decrease in the use of Section 4 confirming the agreement of remuneration for additional section 12 work during working hours continues to make an impact. The number of Section 4 detentions is monitored closely by Health and Local Authorities and is regularly discussed at the Mental Health Delivery Group meeting.
- The use of Section 136 continues to be higher than average, however no specific reasons has been identified for this increase. The number of repeat 136 detentions has decreased from 13 in Q1 to 10 this quarter. The Adult Directorate continues to engage with multi agency partners to seek alternatives to the 136 process for frequent attenders.
- Hospital Managers hearings are continuing to be held on a regular basis with 32 hearings held within the quarter. The backlog of hearings has now been cleared with no hearings outstanding.
- The number of CTO's continues to be higher than average, however there has been a 20% decrease in the number of new CTO's from quarter 1 to quarter 2. There has been no specific underlying reason identified for this.

Argymhelliad / Recommendation

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

Amcanion: (rhaid cwblhau)
Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	2. Safe Care 4. Dignified Care 7.1 Workforce 6.2 Peoples Rights
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. Not Applicable
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Choose an item.
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Choose an item. Choose an item. Choose an item. Choose an item.

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)

	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.

	<p>If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk</p>
<p>Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working</p> <p>https://futuregenerations.wales/about-us/future-generations-act/</p>	<p>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</p> <p>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</p>



Report on the use of The Mental Health Act, 1983

July – September 2025

(Quarter 2)

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1. INTRODUCTION

This report provides information relating to the use of the Mental Health 1983 (the Act) within Aneurin Bevan University Health Board during Quarter 2, 2025/26. The purpose of the report is to ensure that the Mental Health Act 1983 is being carried out and operating properly within the health board.

2. SUMMARY

There has been a combination of trends in Quarter 2 2025/26. These have been summarised below:

- General activity and detentions under the Act during this period were higher than average, however this was in line with normal variation in activity between periods with no specific underlying reasons identified.
- There has been a 67% decrease in the use of Section 4 demonstrating that the agreement of remuneration for additional section 12 work during working hours continues to make an impact. The number of Section 4 detentions is monitored closely by Health and Local Authorities and is regularly discussed at the Mental Health Delivery Group meeting.
- The use of Section 136 continues to be higher than average, however no specific reasons have been identified for this increase. The number of repeat 136 detentions has decreased from 13 in Q1 to 10 this quarter. The Adult Directorate are continuing to engage with multi agency partners to seek alternatives to the 136 process for frequent attenders.
- Hospital Managers hearings continue to be held on a regular basis with 32 hearings held within the quarter. The backlog of hearings has now been cleared with no hearings outstanding.
- The number of CTO's continues to be higher than average, however there has been a 20% decrease in the number of new CTO's from quarter 1 to quarter 2. There has been no specific underlying reason identified for this.

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

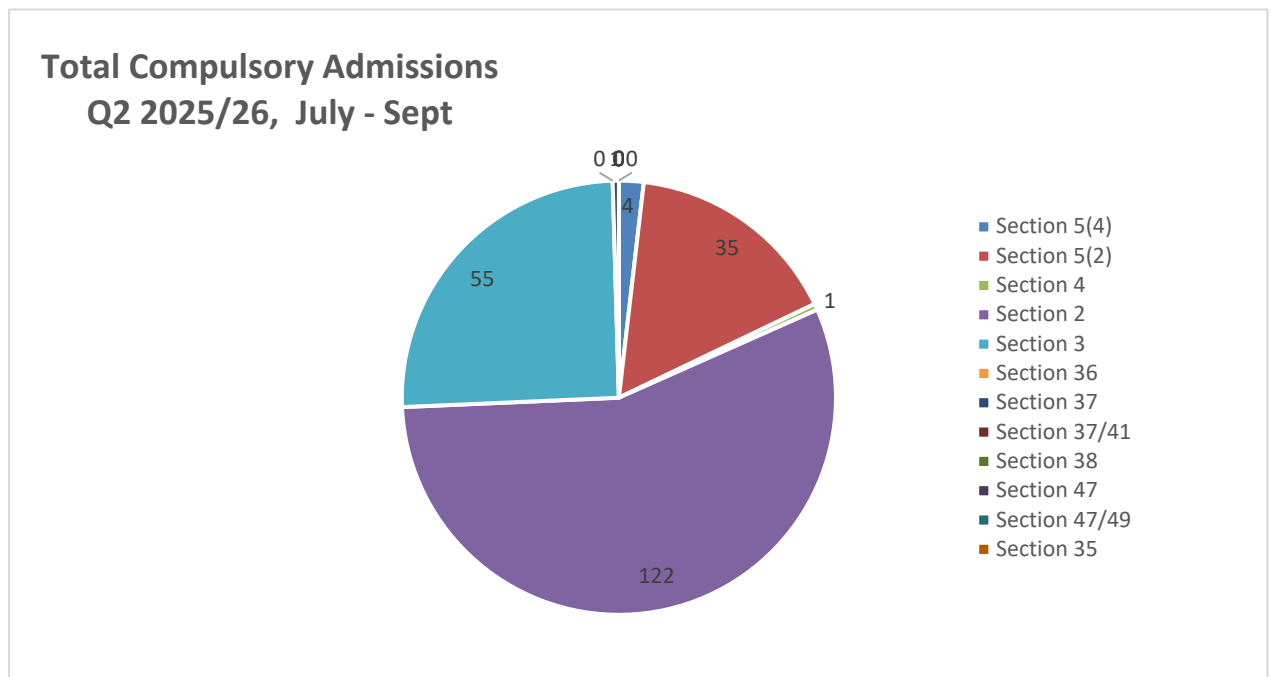
Section of MHA	Average per Qtr.	Qtr. 2	Trend	Notes
5(4)	10	4	↓	Lower than average use of these holding powers.
5(2)	32	35	↑	A slightly higher than average use of these holding powers.
2	122	122	—	An average number of patients were detained on Section 2 during the quarter.
3	47	55	↑	A higher than average use of this section.
4	3	1	↓	A lower than average use of this section

17A (CTO)	7	12	↑	A higher than average number of CTO patients during the quarter.
135	4	3	↓	A slightly lower than average use of this section, however there are data completeness issues with the gathering of Section 135 data.
136	87	125	↑	A higher than average use of this section.
Part III	3	0	↓	A slightly lower than average number of Part III detentions.

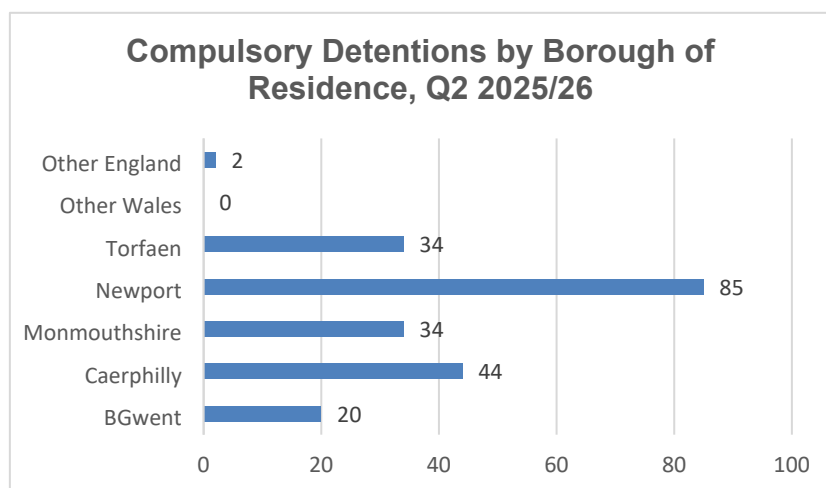
3. FINDINGS AND INFORMATION

3.1 Inpatient Mental Health Act Activity, Q2 2025/26

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



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. Newport had the highest number of detentions per population.



Borough	Detentions Q2 2025/26	Population (000's)	Detentions per 1,000 population Q2 2025/26 (Previous Qtr.)
Caerphilly	44	176	0.3 (0.3)
Newport	85	163	0.5 (0.4)
Monmouthshire	34	94	0.4 (0.4)
Torfaen	34	93	0.4 (0.5)
Blaenau Gwent	20	67	0.3 (0.3)

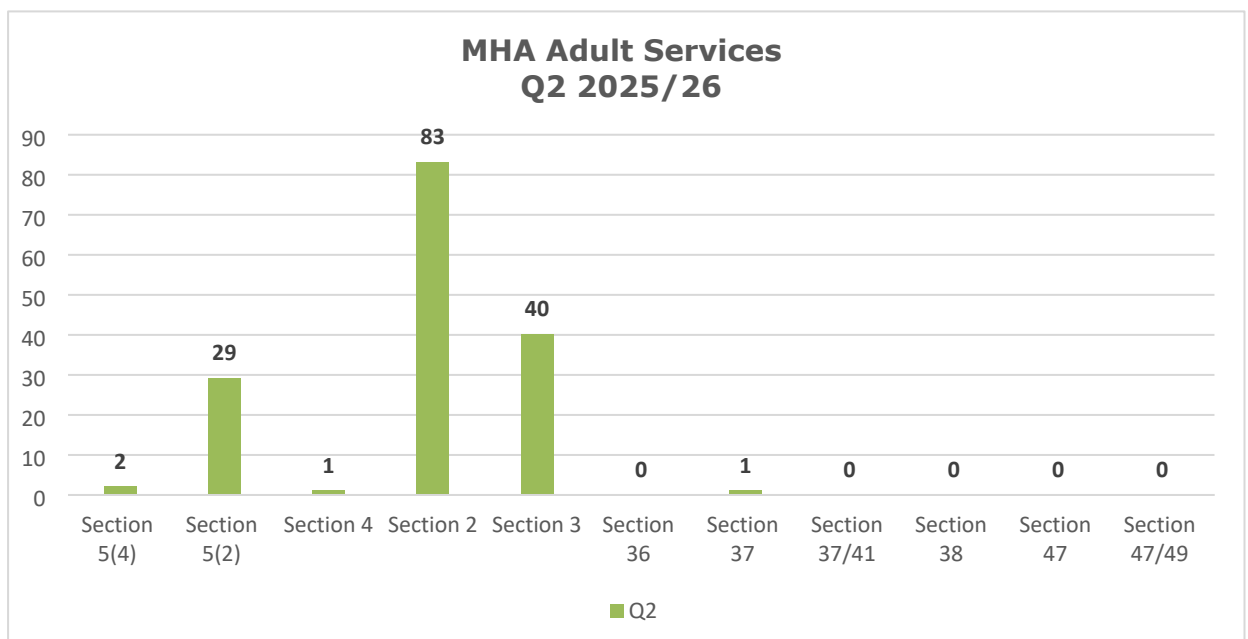
In comparison to the previous quarter there has been a 1% decrease in the overall number of patients detained under the Act. Compared to the same quarter of last year (24/25) there has been a 6% decrease.

Section	Q2 2024/25	Q3 2024/25	Q4 2024/25	Q1 2025/26	Q2 2025/26
Section 5(4)	11	14	9	11	4
Section 5(2)	34	33	31	35	35
Section 4	4	5	6	3	1
Section 2	125	124	140	122	122
Section 3	56	41	48	51	55
Section 35	0	0	0	0	0
Section 36	0	0	1	0	0
Section 37	2	1	0	0	1
Section 37/41	1	2	3	0	0
Section 38	0	0	0	0	0
Section 47	1	0	0	0	0

Section 47/49	0	0	0	0	0
Section 48	0	0	0	0	0
Section 48/49	0	0	0	0	1
TOTAL	234	220	238	222	219

3.1.1.3.1.1 MH Adult Compulsory Admissions under the MHA 1983

A breakdown of all compulsory admissions to mental health wards of all adults under 65 years of age is shown in the chart and table below. It can be seen that just over half (53%) of all admissions are under Section 2 (Assessment) of the MHA, with 25% of detentions under section 3 (Treatment) and 1% under Section 4. 19% of all adult detentions were under Section 5 of the Act. There was an overall decrease (5%) in the number of detentions compared to the previous quarter.

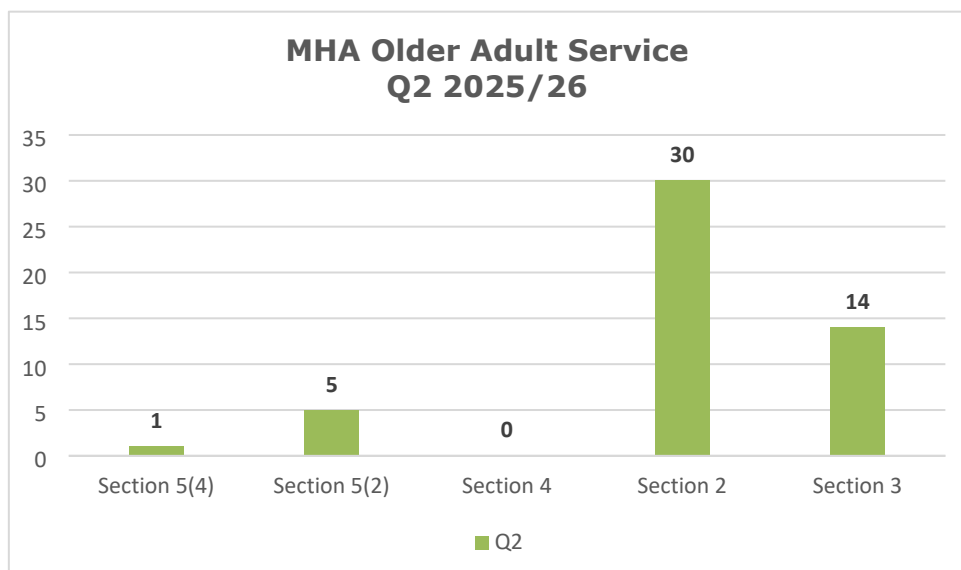


Section	Q2 2024/25	Q3 2024/25	Q4 2024/25	Q1 2025/26	Q2 2025/26
Section 5(4)	8	10	8	9	2
Section 5(2)	31	32	28	29	29
Section 4	2	3	4	3	1
Section 2	79	86	90	84	83
Section 3	42	23	35	40	40
Section 35	0	0	0	0	0

Section 36	0	0	1	0	1
Section 37	2	1	0	0	0
Section 37/41	1	2	3	0	0
Section 38	0	0	0	0	0
Section 47	1	0	0	0	0
Section 47/49	0	0	0	0	0
Section 48	0	0	0	0	0
Section 48/49	0	0	0	0	1
TOTAL	166	157	169	165	157

3.1.2.3.1.2 MH Older Adult Compulsory Admissions under the MHA 1983

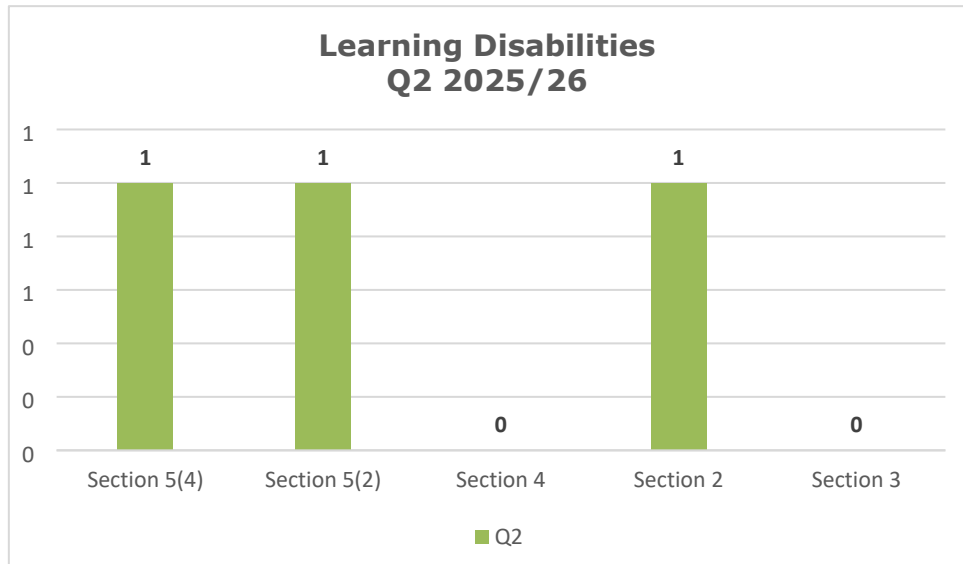
Within the older adult population patients admitted and detained, 88% were admitted under Sections 2 or 3 of the MHA with 12% admitted under Section 5 provision. There was a 6% increase in the number of detentions compared to the previous quarter.



Section	Q2 2024/25	Q3 2024/25	Q4 2024/25	Q1 2025/26	Q2 2025/26
Section 5(4)	3	4	1	2	1
Section 5(2)	2	1	3	3	5
Section 4	2	2	2	0	0
Section 2	37	33	45	34	30
Section 3	13	18	11	8	14
TOTAL	57	58	62	47	50

3.1.3. 3.1.3 Learning Disabilities Compulsory Admissions under the MHA 1983

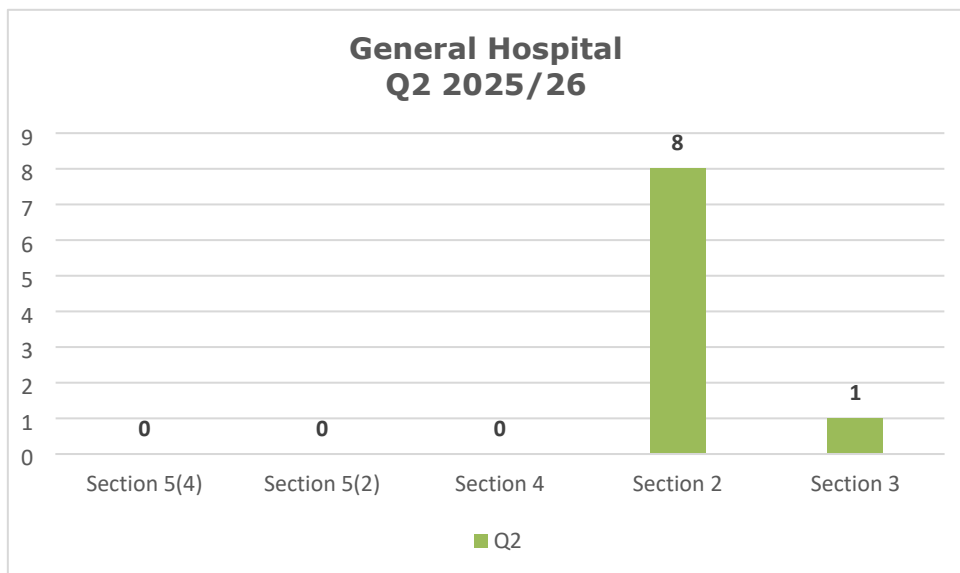
For individuals with a learning disability requiring admission under the MHA, 33% were admitted under Sections 2 or 3 of the MHA with 66% admitted under Section 5 provision There was a 25% decrease in the number of detentions compared to the previous quarter.



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

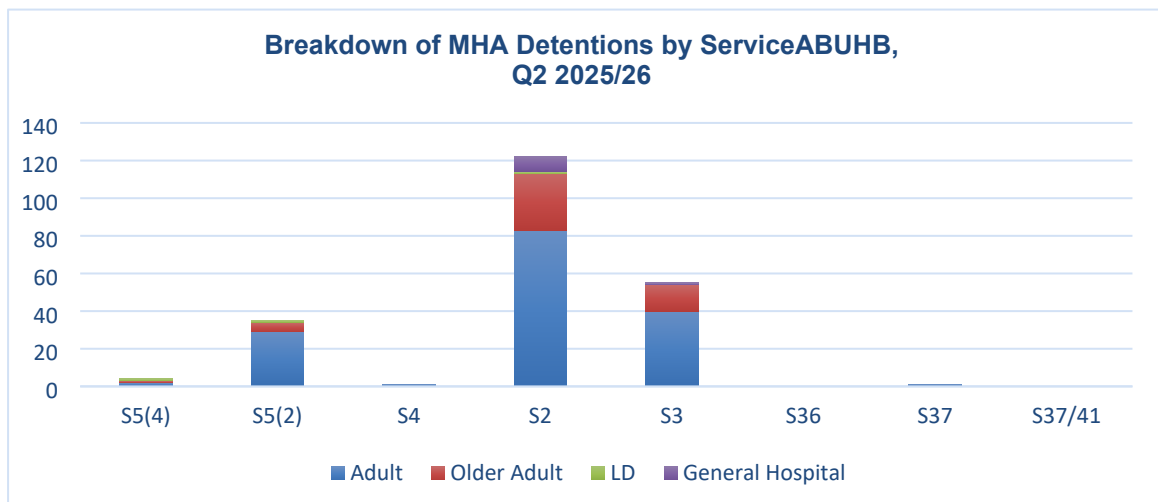
3.1.4. 3.1.4 General Hospital Compulsory Admissions under the MHA 1983

For patients detained under the MHA in a General Hospital setting, 100% were admitted under Sections 2 or 3 of the MHA. There was an overall 50% increase in the number of detentions compared to the previous quarter.



Section	Q2 2024/25	Q3 2024/25	Q4 2024/25	Q1 2025/26	Q2 2025/26
Section 5(4)	0	0	0	0	0
Section 5(2)	1	0	0	3	0
Section 4	0	0	0	0	0
Section 2	7	3	2	2	8
Section 3	0	0	0	1	1
TOTAL	8	3	2	6	9

The below chart shows the total number of MHA detentions broken down by service for quarter 2, 2025/26.

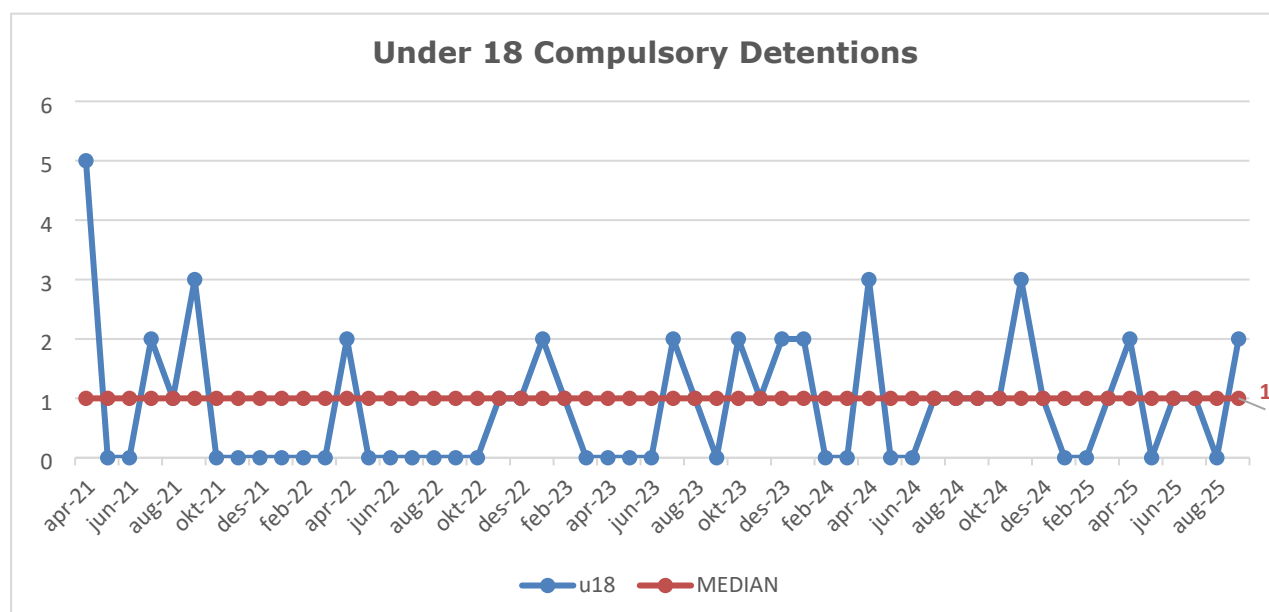


3.1.5. 3.1.5 Total Number of Under 18s Compulsory Admissions under the MHA 1983

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



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

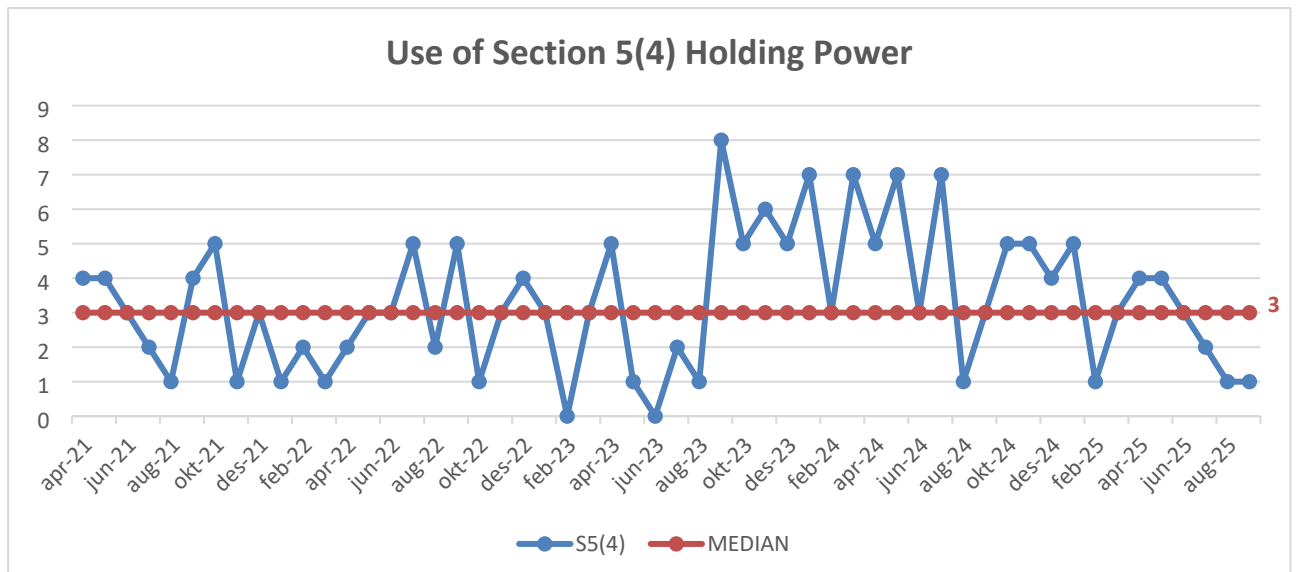
3.2 Trend Analysis of the main compulsory admissions across all services from April 2021 to September 2025

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

3.1.6. 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 4 uses of this holding power over the quarter. This is a 64% decrease compared to the previous quarter.
- 50% of these resulted in a doctor/approved clinician detaining the patient under Section 5(2).
- 50% of these lapsed without further detention under the MHA.

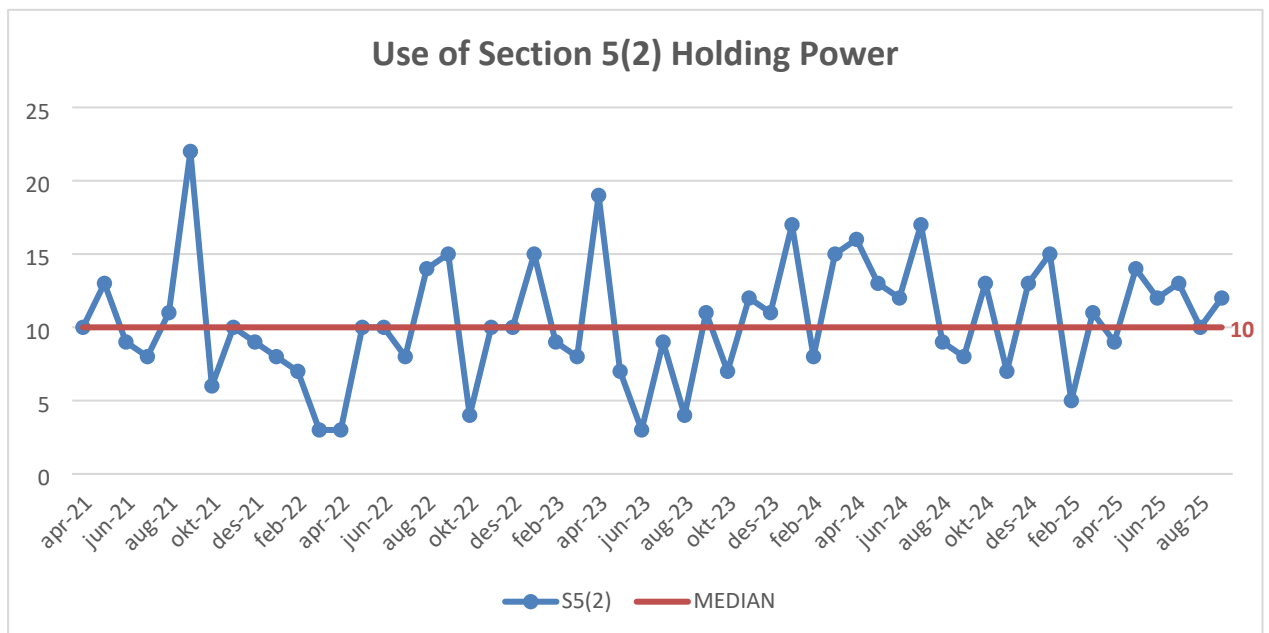


Outcome of Section 5(4) – Q2 2025/26

Outcome	Total
Lapsed	2
Ended	0
Section 5(2)	2
Section 2	0
Section 3	0
Total	4

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

- There were 35 uses of this holding power over the quarter. This is the same as the previous quarter.
- 34% of these resulted in the patient being detained under section 2.
- 23% of these resulted in the patient being detained under section 3.
- 43% of these ended or lapsed without further detention under the MHA.



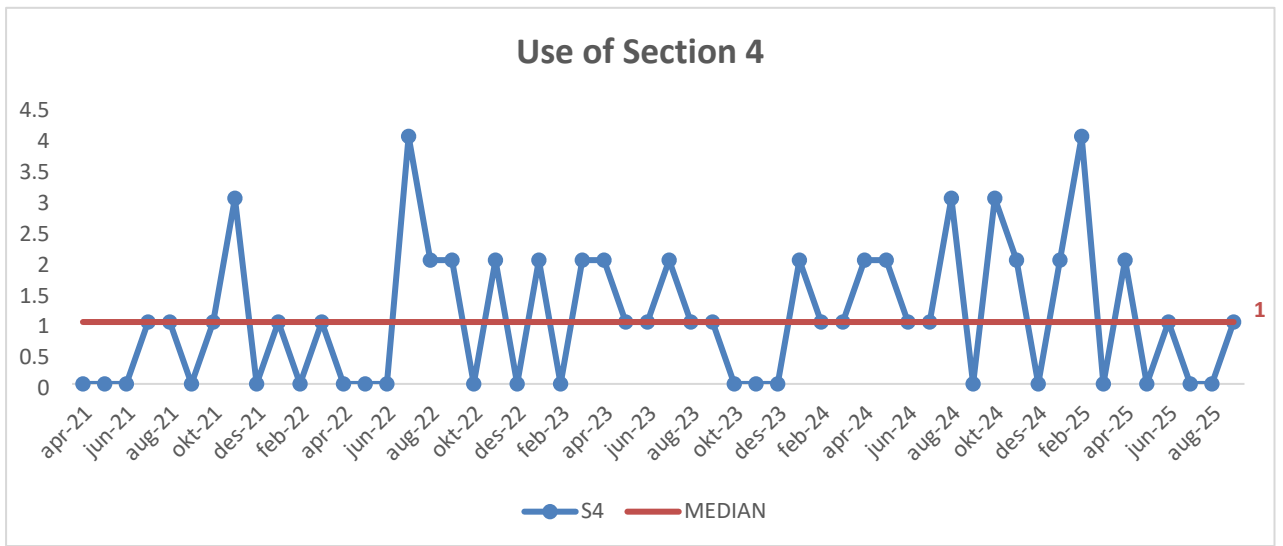
Outcome of Section 5(2) – Q2 2025/26

Outcome	Total
Lapsed	4
Ended	11
Section 2	12
Section 3	8
Total	35

3.1.7. 3.2.2 Section 4 – Admission for Emergency

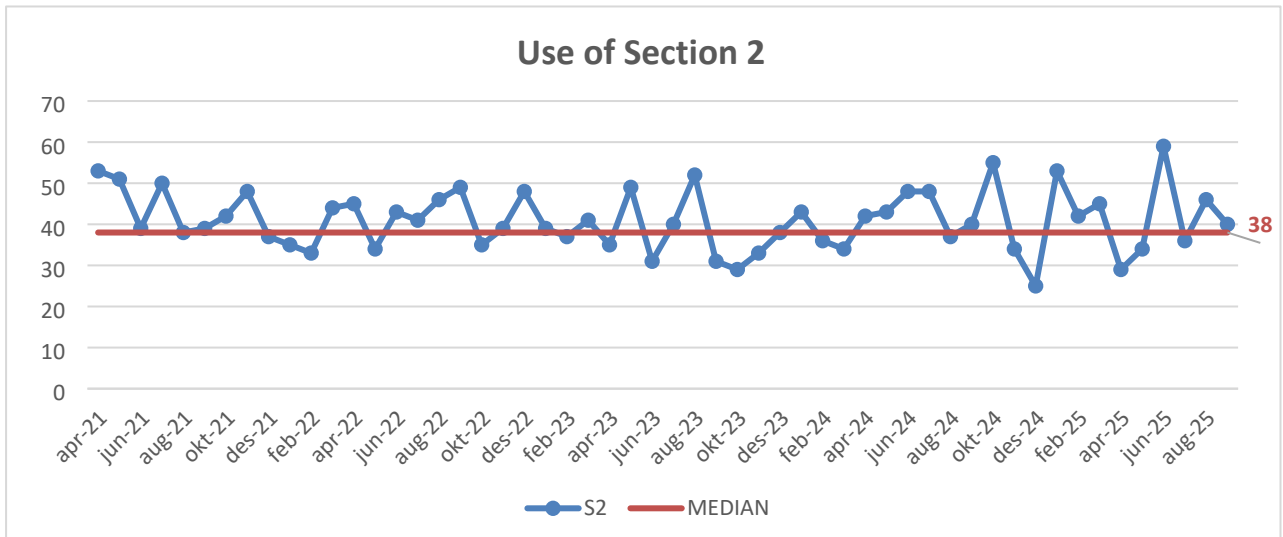
The use of section 4 can be made on the basis of a single medical recommendation supported by the AMHP application and is used when admission to hospital is urgent and it would be unsafe to wait for a second medical recommendation for admission under section 2.

- Section 4 was used on 1 occasion during this quarter. This is a 67% decrease compared to the previous quarter.
- All uses of section 4 this quarter were proportionate and reasonable in the circumstances.
- 100% of section 4 admissions were converted to section 2 with 48 hours of admission to hospital.



3.1.8. 3.2.3 Section 2 – Admission for Assessment

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



- A total of 122 detentions were made using section 2 in this quarter. This is in line with the quarterly average (based on the past 5 years) of 122. Whilst there is some variance month to month and quarter to quarter, the use of section 2 is consistently within expected controls.
- These accounted for 56% of all detained admissions.
- 6% of these were in adult mental health services.
- 2% of these were in older adult mental health services.
- 7% of these were within a general hospital setting.
- 1% of these were within the learning disabilities service.

Outcome of Section 2, Q2 2025/26

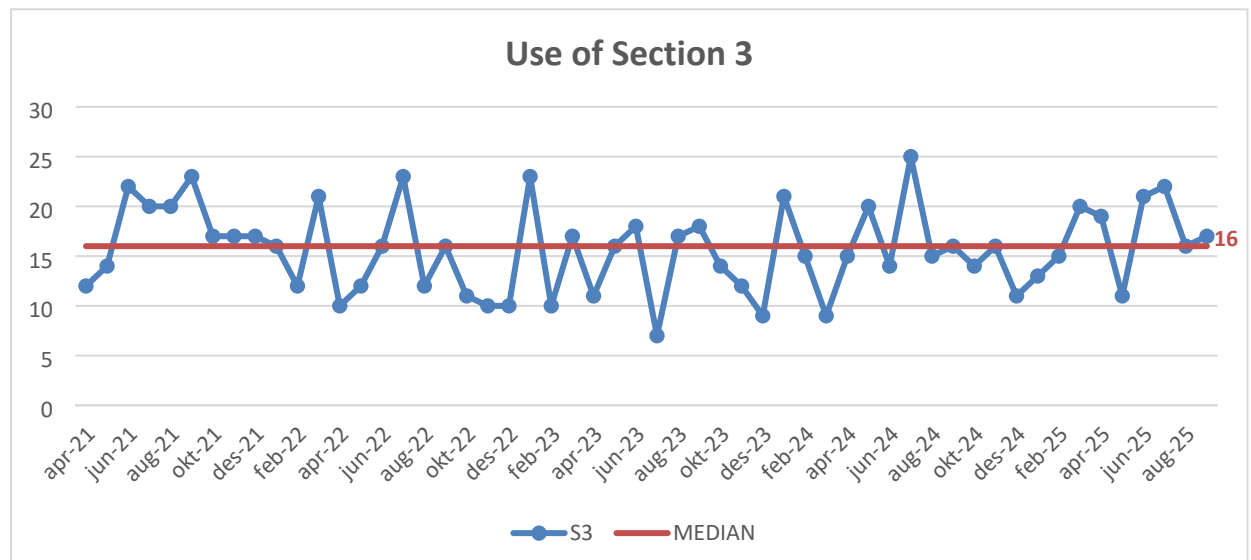
Outcome	Total
Expired	4
Regraded S3	26

Transferred	6
Deceased	0
Ended: 0-3 days	7
Ended: 4-14 days	33
Ended: 15-28 days	46
Total	122

- During this quarter 3% of section 2 detentions were allowed to lapse. This is a 50% decrease compared to the last quarter. 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.

3.1.9. 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 55 detentions were made using section 3 in this quarter. This is higher than the quarterly average (based on the past 5 years) of 47. Whilst there is some variance month to month and quarter to quarter, the use of section 3 is consistently within expected controls.
- These accounted for 25% of all detained admissions. This is an increase of 8% in comparison to the previous quarter.
- 73% of these were in adult mental health services.
- 25% of these were in older adult mental health services.
- 2% of these were within a general hospital setting.

Outcome of Section 3, Q2 2025/26

Outcome	Total
Expired	0
Ended	26

Regraded-CTO	5
Renewed	0
Transferred	2
Deceased	0
Ongoing (as of 10/11/2025)	22
Total	55

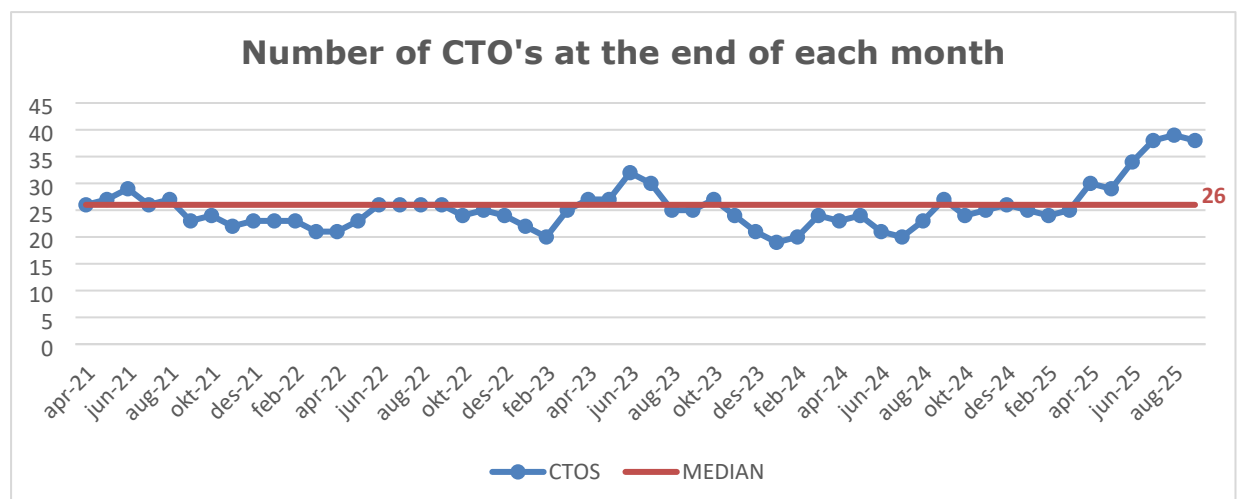
3.1.10. 3.2.5 Renewal of In-patient Detentions under the MHA 1983

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

Section	Q2 2024/25	Q3 2024/25	Q4 2024/25	Q1 2025/26	Q2 2025/26
Section 3 renewal	11	13	9	9	8
Section 37 renewal	1	1	1	1	0
Section 47 renewal	0	0	0	0	0
TOTAL	12	14	10	10	8

3.1.11. 3.2.6 Section 17A – Community Treatment Orders

There were 38 Community Treatment Orders in place as at 30th September 2025.



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

Power	Q2 2024/25	Q3 2024/25	Q4 2024/25	Q1 2025/26	Q2 2025/26
CTOs made	9	7	6	15	12

CTOs extended	3	8	7	5	4
Recalled to hospital and not admitted	3	2	0	1	6
Recalled to hospital and revoked	1	3	5	4	4
Discharged from CTO	2	5	2	2	4

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.

3.1.12. 3.3.1 Unlawful detentions

There were 2 unlawful detentions identified within the quarter. Where errors are identified the Mental Health Act Administration office will immediately contact the ward/clinical team who will inform the patient and the clinical team will determine the appropriate next steps such as undertaking a new assessment.

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

- Invalid Section 2 –HO14 not received.
- Invalid Section 2 – The patient had been discharged from the previous section 2 detentions by the MHRT. The case of *R v. East London and The City Mental Health Trust Ex p. Brandenburg [2003] UKHL 58; [2004] M.H.L.R. 44* found that an AMHP may not lawfully apply for the admission of a patient whose discharge has been ordered by the Tribunal of which the AMHP is aware unless the AMHP has formed a reasonable and bona fide opinion that he/she has information not known to the Tribunal which puts a significantly different complexion on the case as compared with that which was before the Tribunal.

3.1.13. 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.

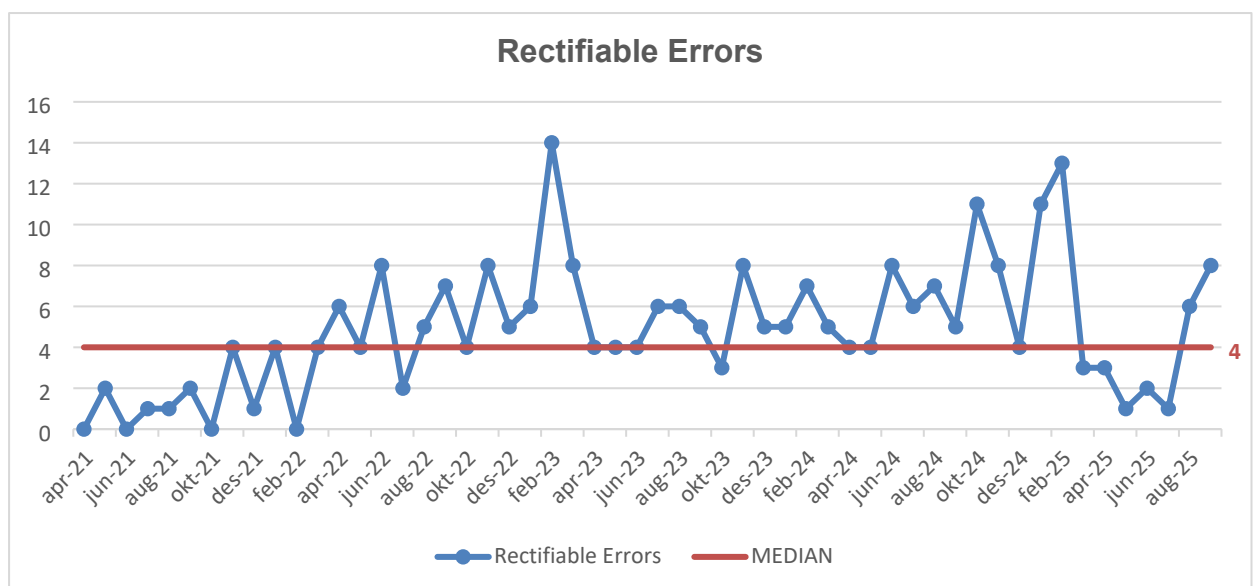
	Q2 2024/25	Q3 2024/25	Q4 2024/25	Q1 2025/26	Q2 2025/26
Failed Medical Scrutiny	2	0	2	1	0

3.1.14. 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.

The number of rectifiable errors this quarter has risen, although this is against a general decrease over the last year. This demonstrates a continued need for training around the receipt and scrutiny of MHA documentation. The MHA Administration Department are currently conducting training sessions for this with attendance being closely monitored to ensure all staff attend.

	Q2 2024/25	Q3 2024/25	Q4 2024/25	Q1 2025/26	Q2 2025/26
Rectifiable errors on document	18	23	27	6	15



3.4 Use of Police Powers Sections 135 & Section 136

3.1.15. 3.4.1 Section 135 – Warrant to search and remove person

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

Section 135 is split into two categories as follows:

- Section 135(1) warrant applied for by an AMHP (the local authority) if reasonable cause to suspect that a person is suffering from a mental disorder.
 - Section 135(2) warrant by any constable or other person authorized (*will generally be a health professional*) to remove someone already liable to be detained and remove to a place they are meant to be.
- There are data completeness issues with the compilation of section 135 data. The MHA Administration department has confirmed that the above data is not complete and has been unable to capture the true activity information for the data periods due to not receiving all copies of executed Section 135 warrants. There are on-going inter-agency discussions between Health, Local Authorities and Gwent Police to ensure that all Section 135 activity is correct and is collected in a timely manner.
 - The table below provides a summary of all available data. This includes both Section 135(1) and Section 135(2).

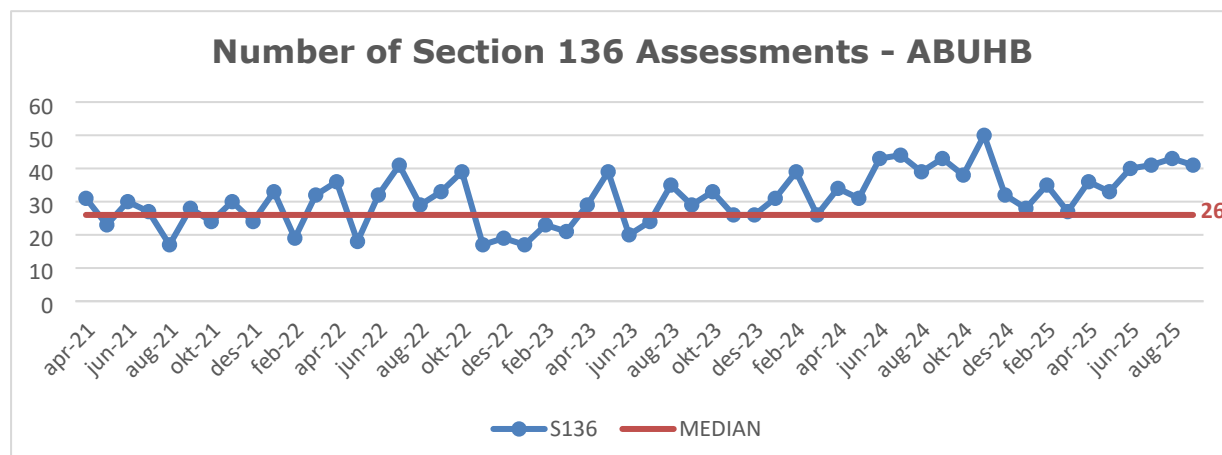
Section 135 of the MHA	Q2 2024/25	Q3 2024/25	Q4 2024/25	Q1 2025/26	Q2 2025/26
Assessed and admitted informally	0	0	0	0	0
Assessed and discharged	0	0	0	1	0
Assessed and detained under Section 2	2	2	5	1	3
Assessed and detained under Section 3	2	1	1	1	0
Assessed and CTO Revoked	0	0	1	0	0
Other	0	0	0	0	0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

3.1.16. 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.

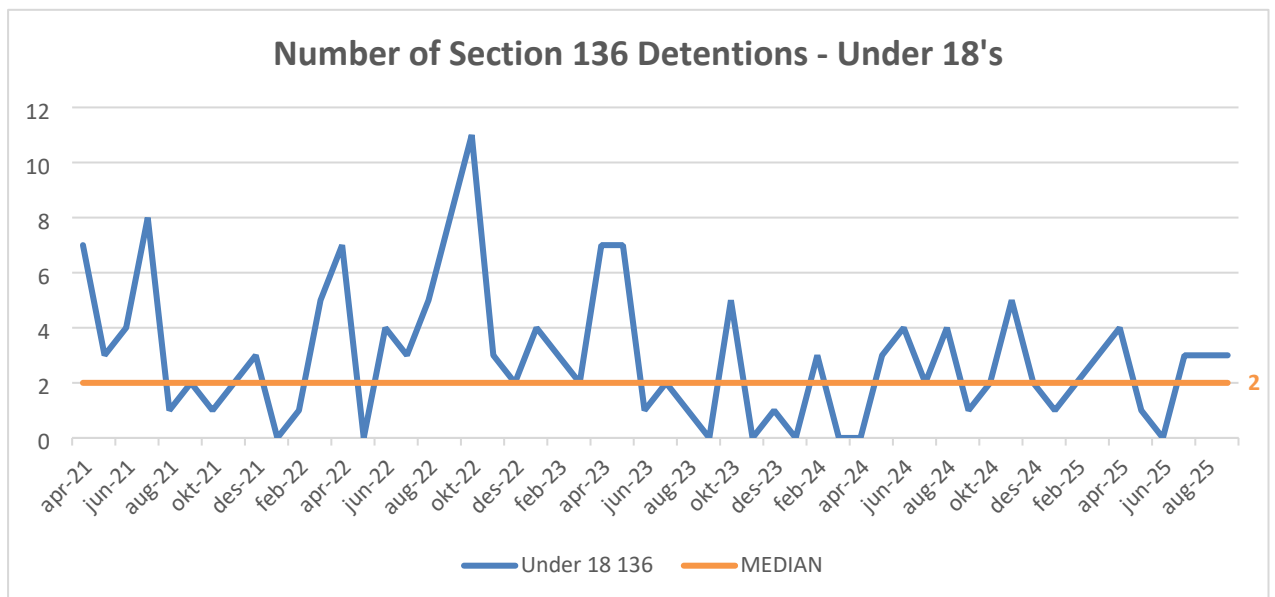


- A total number of 125 assessments took place in quarter 2. This is a 15% increase on the previous quarter and is well above the quarterly average (based on the past 5 years) of 87.

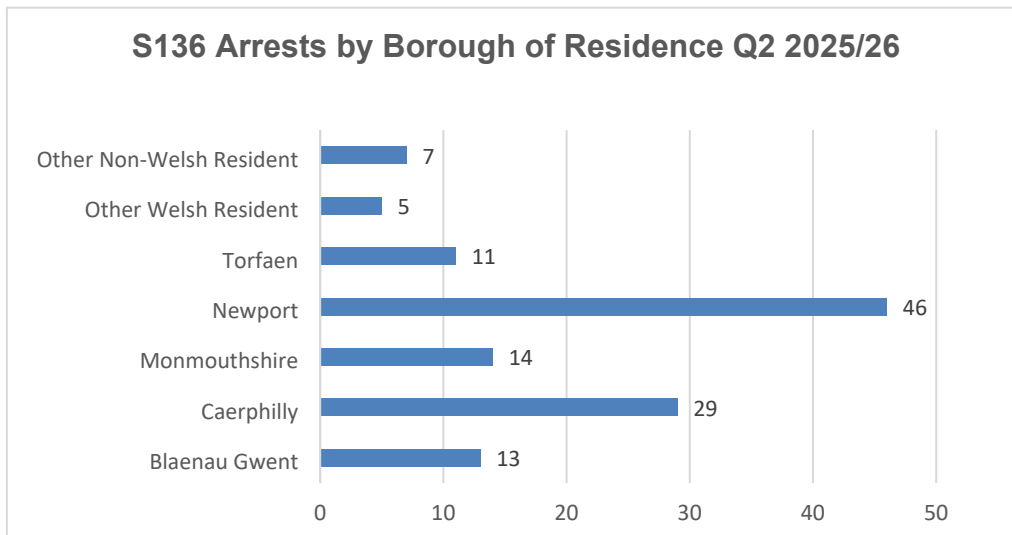
A breakdown of the outcome of 136 assessments is shown in the table below.

Section 136 of the MHA	Q2 2023/24	Q3 2024/25	Q4 2024/25	Q1 2025/26	Q2 2025/26
Assessed and admitted informally	20	22	11	14	26
Assessed and detained under Section 2	24	21	16	26	33
Assessed and detained under Section 3	0	0	2	1	0
Assessed and detained under Section 4	0	1	0	0	0
Discharged – no follow-up required	40	29	23	32	25
Assessed and Recalled under CTO	0	0	0	0	0
Discharged – with follow-up plan	41	46	38	36	40
Section 136 lapsed	1	1	0	0	1
TOTAL	126	120	90	109	125

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



A breakdown of assessed patients by borough shows that Newport and Caerphilly had higher demand than other boroughs, together accounting for 60% of all assessments.



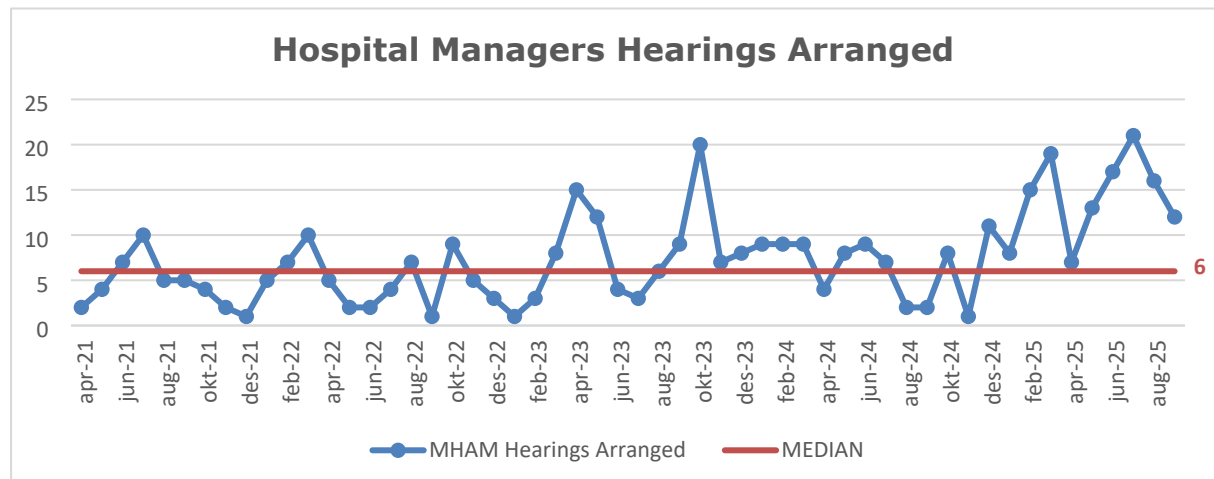
A breakdown of all 125 events shows that the majority of patients were female patients; alcohol and/or drugs being a related factor in 32% of all cases; 7% of cases were under the age of 18yrs. No assessments were undertaken at a police station.

Section 136 of the MHA	Q2 2024/25	Q3 2024/25	Q4 2024/25	Q1 2025/26	Q2 2025/26
TOTAL	N=126	N=120	N=90	N=109	N=125
Gender:					
% Male	44%	45%	56%	46%	41%
% Female	56%	55%	44%	48%	58%
% Other	-	-	-	6%	1%
Place of Safety:					
% Hospital	100%	100%	100%	99%	100%
% Police Station	0%	0%	0%	1%	0%
% Under 18 Years	6%	8%	7%	5%	7%

Use of Illicit Substances:					
% Alcohol	26%	20%	24%	21%	14%
% Drugs	6%	9%	9%	12%	14%
% Both Alcohol and Drugs	9%	8%	4%	5%	3%
Where Assessment took place:					
% Hospital	99%	99%	100%	100%	99%
% Police Station	0%	0%	0%	0%	0%
12 Hour extension required /granted	0%	1%	2%	3%	1%

3.5 Mental Health Act Managers Hearings

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



There continues to be significant improvement in the processes and procedures around managers hearings with 32 managers hearings taking place in quarter 1. Of these, 100% of sections were upheld by the hospital managers.

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

Hospital Manager Hearings	Q2 2024/25	Q3 2024/25	Q4 2024/25	Q1 2025/26	Q2 2025/26
Applications by patient – Inpatient	1	0	0	0	0
Applications by patient – CTO	0	0	0	0	0
Renewal Hearing Applications – Inpatient	21	24	21	20	22

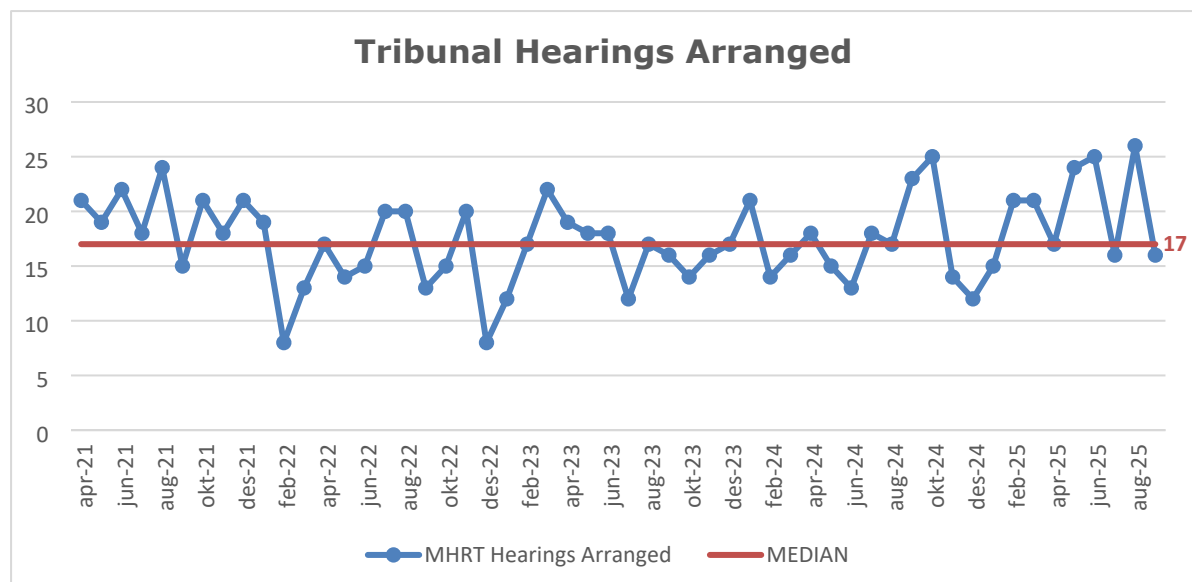
Renewal Hearing Applications – CTO	13	8	12	4	17
Barring Hearings	0	1	1	0	0
Hearing cancelled before being heard	8	20	15	20	17
Hearing held - Patient Discharged by Hospital Managers	0	0	0	0	0
Hearing held – Section continued	3	0	27	17	32

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

3.6 Mental Health Review Tribunals

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

The chart below highlights the activity and outcomes of Tribunals arranged over the last two years. Overall, the number of hearings appears to be relatively consistent over the period of the last 12 months, with a 12% decrease in the number of hearings arranged in Q2 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	Q2 2024/25	Q3 2024/25	Q4 2024/25	Q1 2025/25	Q2 2025/26
Applications by patient – Inpatient	62	32	46	46	50
Applications by patient – CTO	2	1	3	4	3
Renewal Hearing Applications – Inpatient	8	8	7	8	6
Renewal Hearing Applications – CTO	2	4	2	3	0
Referral by MOJ	0	3	3	3	1
Referral by Welsh Ministers	0	0	1	0	5
Outcomes: Hearing Cancelled before being heard	32	26	23	29	34
Outcomes: Patient Discharged by MHRT	3	1	4	4	3
Outcomes: Section Continued	23	24	30	33	21

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

4. DESCRIPTION OF SECTIONS

Longer Term Sections (medication can be given)

Section 2 Admission for assessment – up to 28 days

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

Criteria needs to be met –

a) is suffering from mental disorder of a nature or degree which warrants the detention of the patient in a hospital for assessment (or for assessment followed by medical treatment) for at least a limited period; and

b) ought to be so detained in the interests of his own health or safety or with a view to the protection of other persons

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

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

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

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

b) it is necessary for the health and safety of the patient or for the protection of other persons that he should receive such treatment and it cannot be provided unless he is detained under this section; and

c) appropriate medical treatment is available for him.

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

Short Term Sections (medication cannot be given)

Section 4 Admission for emergency – up to 72 hours

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

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

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

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

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

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

1 x Form HO12

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

Criteria is:

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

1 x Form HO13

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

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

Criteria is:

the patient is suffering from mental disorder of a nature or degree which makes it appropriate for him to receive medical treatment;
it is necessary for his health and safety or for the protection of other persons that he should receive such treatment;
subject to his being liable to be recalled ... such treatment can be provided without his continuing to be detained in a hospital;
it is necessary that the responsible clinician should be able to exercise the power under section 17E (1) below to recall the patient to hospital;
appropriate medical treatment is available for him

Form CP1

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

Criteria is:

a change of mental state or increase in risk.

Form CP5

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

Criteria needs to meet the same as Section 3 –

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

Revocation requires the written agreement of an AMHP. Form CP7

Places of Safety Sections (medication cannot be given)

Section 135 Warrant to search and remove

Section 135(1) – warrant to enter and remove

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

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

Criteria is:

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

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

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

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

*There is reasonable cause to believe that the patient is to be found on premises within the jurisdiction of the justice; and
That admission to the premises has been refused or that a refusal of such admission is apprehended.*

Section 136 Place of Safety – up to 24 hours

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

Criteria is:

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

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

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

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

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

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

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

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

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

Section 37 enables a Crown Court or a magistrates' court to order a person to be detained in hospital

for treatment (or make a person subject to guardianship) when otherwise they may have imposed a prison sentence. The "hospital order" or a "guardianship order" is given as an alternative to imprisonment, a fine, or probation if appropriate.

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

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

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

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

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

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

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

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

medical practitioners who gave evidence under section 37.

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

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

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

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

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

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

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

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

A direction made under section 47 is known as a 'transfer direction'. A transfer direction may be accompanied by the special restrictions of section 41, by virtue of section 49. Such a direction is known as a "restriction direction" and is commonly

referred to as 'section 47/49' or a 'transfer and restriction direction'

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

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

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

The section only applies to:

- persons detained in a prison, not being a person serving a sentence of imprisonment or persons falling within the following groups
- persons remanded in custody by a magistrates' court;
- civil prisoners, that is to say, persons committed by a court to prison for a limited term, who are not persons falling to be dealt with under section 47;
- persons detained under the Immigration Act 1971 or under section 62 of the Nationality, Immigration and Asylum Act 2002 (detention by Secretary of State).

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

- persons detained in a prison, not being a person serving a sentence of imprisonment

- persons remanded in custody by a magistrates' court;

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

5. GLOSSARY OF TERMS

AMHP	Approved Mental Health Professional. AMHPs are mental health professionals who have been approved by a local social services authority to carry out certain duties under the Mental Health Act.
CAMHS Services	Children and Adolescent Mental Health
CTO	Community Treatment Order
Detained patient	A patient who is detained in hospital under the Act or who is liable to be detained in hospital but who is currently out of hospital (e.g., on section 17 leave).
Hospital Managers	Independent individuals who carry out functions on behalf of the Board.

Informal patient	Someone who is being treated for mental disorder in hospital and who is not detained under the Act.
MHA	Mental Health Act 1983.
MHRT	Mental Health Review Tribunal for Wales. They safeguard patients who have had their liberty restricted under the Mental Health Act and review cases of patients who are detained in a hospital or living in the community subject to a conditional discharge, community treatment or guardianship order.
Recall	Where it is necessary for a CTO patient to be recalled into hospital.
Revoke	Patients for who a CTO has been rescinded following a recall.
Sections	Parts of the Mental Health Act 1983 which allow particular types of detention.



Mental Health Services related Performance

Mental Health & Learning Disabilities Committee
20th January 2026





Mental Health Services related Performance and Plans

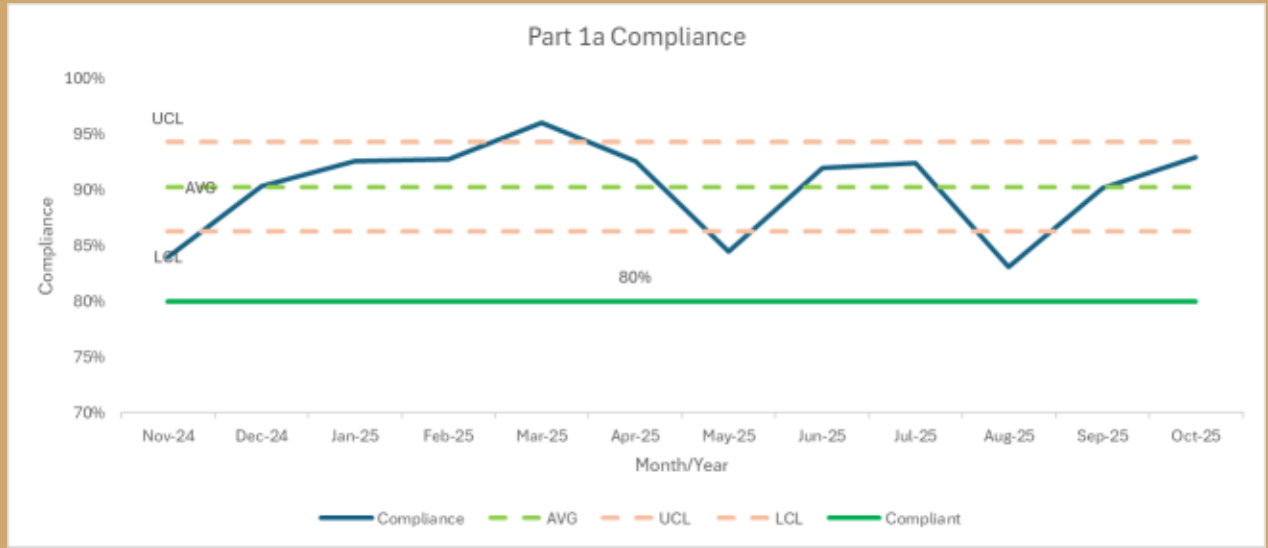
- Part 1:** MH&LD Performance – Adult
- Part 2:** CAMHs





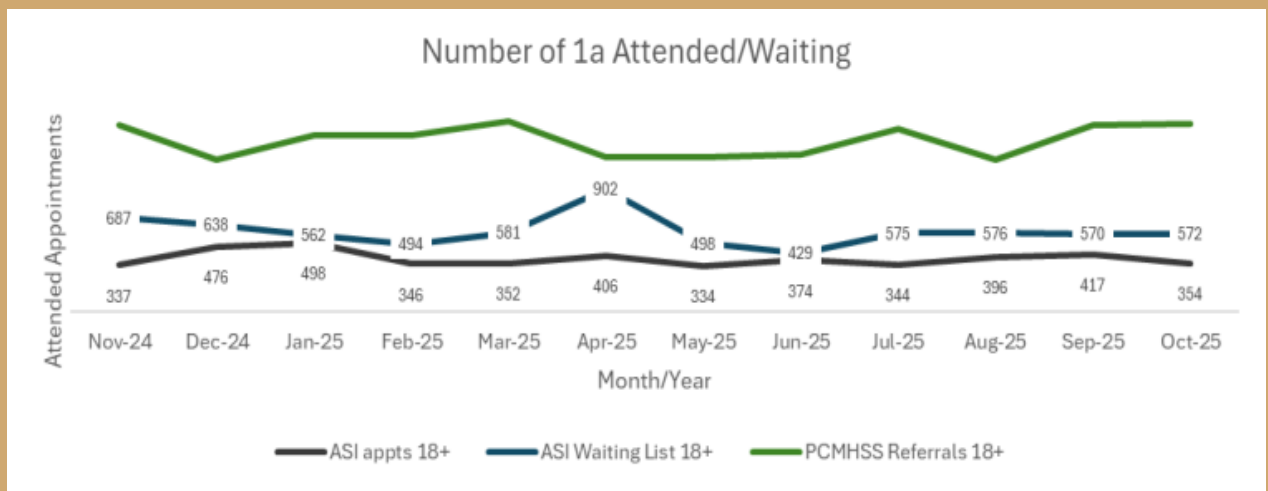
Part 1: MH&LD Performance – Adult

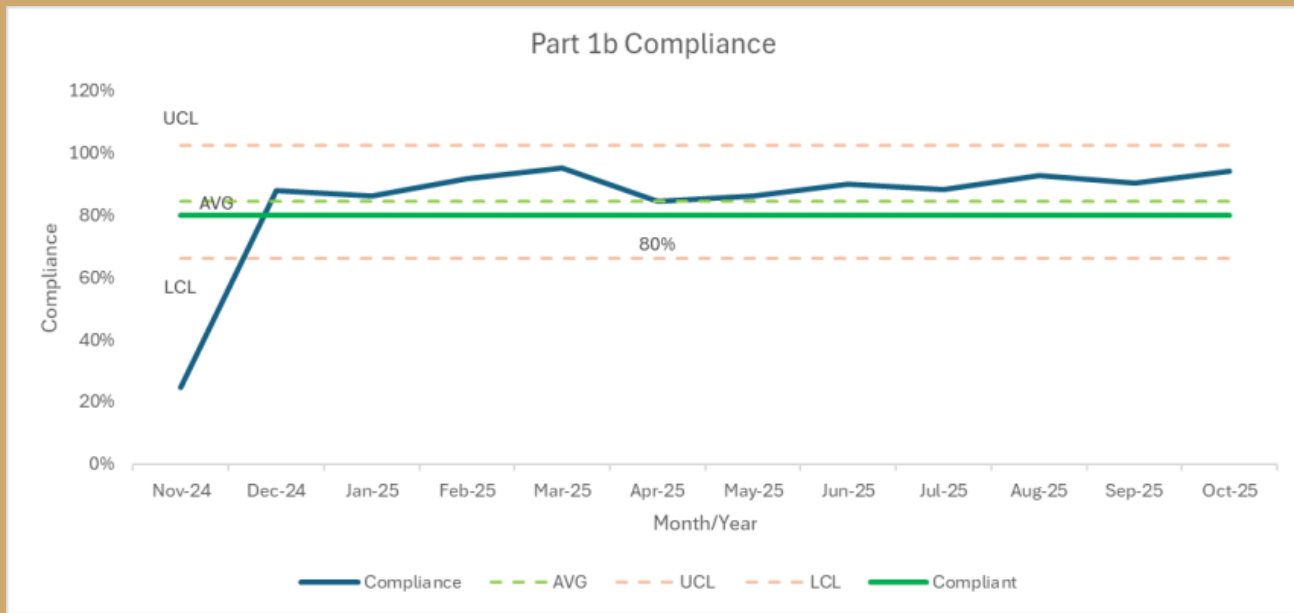




Part 1A Assessment

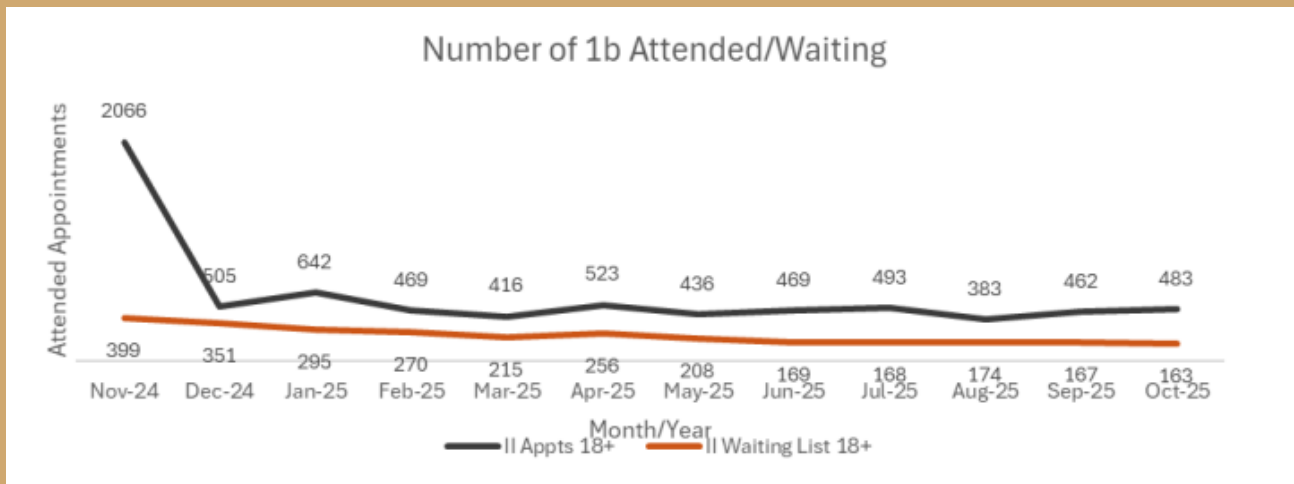
- Compliance maintained for the last 12 months.
- Waiting list maintaining at manageable levels.
- RPA remains in place to help support management of referrals which cuts c. 3 days off the referrals process between GPs and the PCMHSS team.



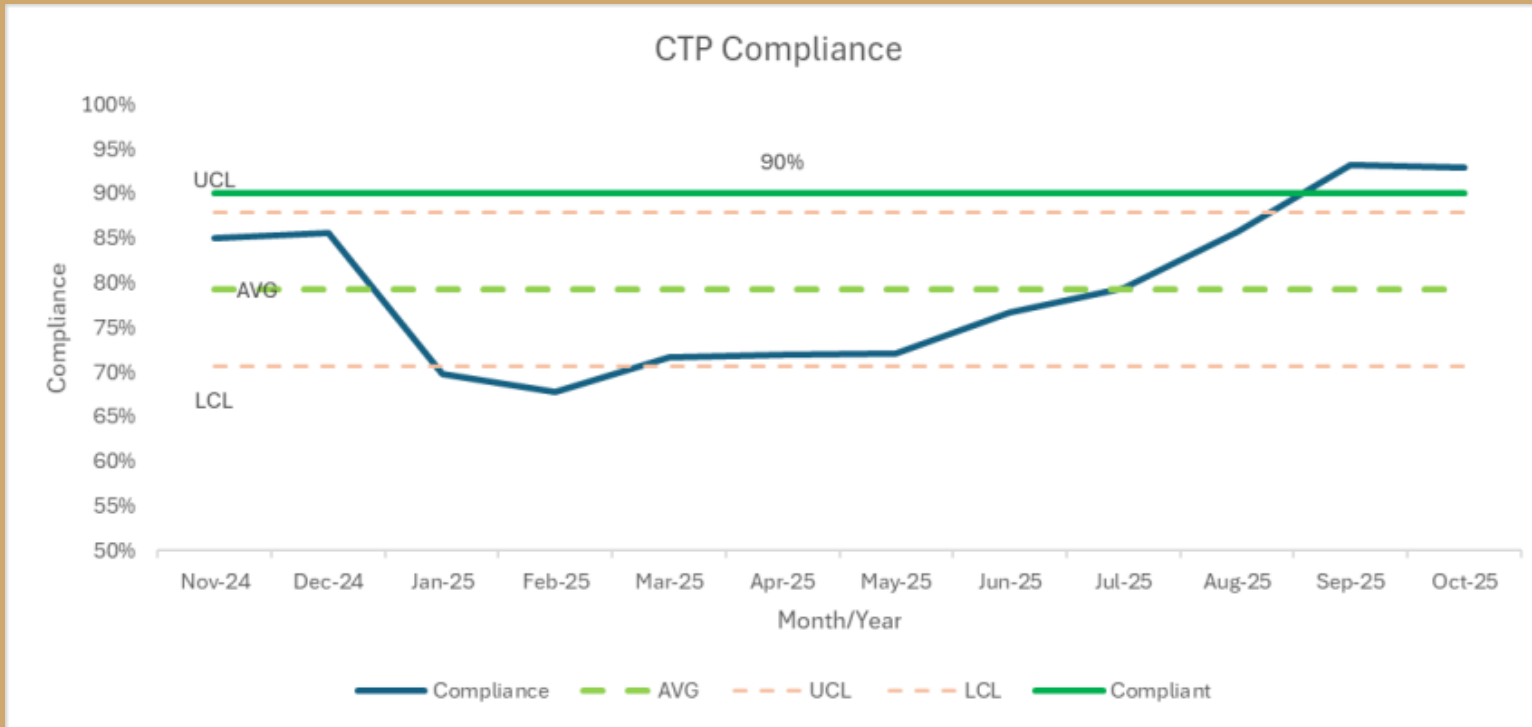


Part 1b Intervention

- Maintenance of national compliance maintained for the last 11 months.
- Waitlist remains stable after cleansing.
- RPA in place and being tested for Intervention DBT Course Booking

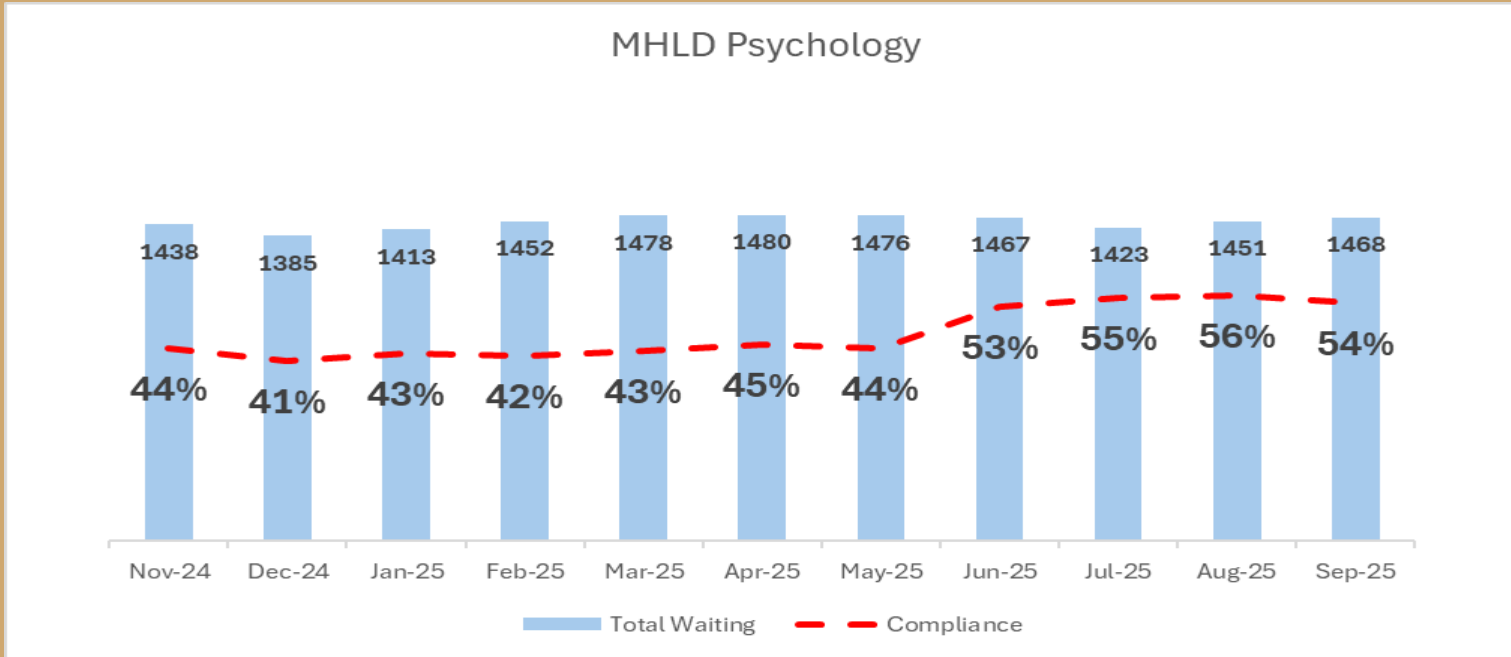


Mental Health Performance – Adult Part 2 - CTP



- Recovery to 90% Achieved in September 2025 and is currently maintained for October. Expected to maintain ongoing.
- The Division is working with individual teams on compliance and areas of risk, including quality.

Mental Health Performance – Psychological therapies / Neurodevelopment



Psychological Therapies

- Compliance maintaining around 55% whilst waiting list audit and validation continues.
- Data cleansing programme continuing with more opportunity to outcome appointments.
- Operational data dashboards now in place with all teams to review WLs.
- Clarification being sought with WG re 'RTT' rules vs rest of Wales. Draft document out for comment.
- Rollout of common SOP across all Psychological Therapies, Perinatal completed.
- Confidence in reaching 60% target at year end as per trajectory submitted.

Category	Jun-25	Jul-25	Aug-25	Sep-25
Patients waiting up to and including 84 days (<= 11 weeks)	426	401	430	397
Patients waiting 85 days and over and up to and including 126 days (12-17 weeks)	185	202	185	192
Patients waiting 127 days and over and up to and including 182 days (18 - 25 weeks)	168	168	196	220
Patients waiting 183 days and over and up to and including 252 days (26 - 35 weeks)	159	163	147	167
Patients waiting 253 days and over and up to and including 364 days (36 - 51 weeks)	192	183	178	171
Patients waiting 365 days and over (>= 52 weeks)	337	331	315	335
Total Waiting	1467	1448	1451	1482
Compliance	53%	53%	56%	55%



Measure	Most Recent Submission	Change from April 2025	Compliance	Status (Since April)	Trend
Part 1a Compliance (Assessments completed within 28 days)	93%	0.3%	Green	Compliant & Improved	
Part 1a Waiting Lists	572	-330	Grey	Improved	
Part 1b Compliance (Interventions completed within 28 days)	94%	9%	Green	Compliant & Improved	
Part 1b Waiting Lists	163	-93	Grey	Improved	
Part 2 (Number of Individuals with a valid Care and Treatment Plan)	92%	20%	Green	Compliant & Improved	
Psychological Therapies	54%	9%	Red	Not Compliant & Improved	
MAS - Assessments within 28 Days	49%	9%	Red	Not Compliant & Improved	
MAS - Diagnosis within 12 Weeks	34%	-6%	Red	Not Compliant & Reduced	
Inpatients - Patients Offered Follow Up Within 72 Hours	100%	3%	Green	Compliant & Improved	
Inpatients - Patients Received Follow Up Within 72 Hours	90%	-4%	Red	Not Compliant & Reduced	
Inpatients - % of Wards with Anti-Ligature Assessments	100%	0.0%	Green	Compliant & Same	
Inpatients - Care Plan Within 24 Hours	39%	22%	Red	Not Compliant & Improved	
Inpatients - WARRN Within 24 Hours	42%	19%	Red	Not Compliant & Improved	





Quality, Patient and Safety Activity



Quality Improvement Overview



MHLD Divisional Policy & Control Document Group:

- All MHLD policies have been reviewed, and a tracker has been developed.
- Monthly meetings to review policy status have been ongoing.

Since January 2025:

- **7 policies ratified.**
- **3 additional policies** expected to be completed in the coming months.
- Leads assigned to all remaining policies with a goal to **ratify all by March 2026.**

Therapeutic Observation & Engagement policy:

- Under review by multi-professional steering groups.
- Raised via HIW.
- Launch: **October 2025.**
- Focused training events scheduled to support safe and effective rollout.

Training & Competency:

- Interim checklist and induction booklets in place for temporary, bank, and agency staff.
- Increased engagement with resource bank and inclusion in professional standards meetings.

Training updates:

- Therapeutic Observation & Engagement, Ligature, and WARRN training added to ESR.
- Training available and bookable through March 2026 for substantive staff.
- Remote training package (ESR/pre-recorded) for temporary staff launched October 2025.

Therapeutic Observation & Engagement added to Health Roster as a skill requirement.

- QI & QI Coach training actively promoted for enrolment.
- Resus handbooks available on wards; Resus ESR training and in-person sessions promoted where available.



Quality Improvement Overview Continued



Quality of Clinical Recording

- Completed divisional audit of **CTP** and **WARRN**.
- Developed **SOP** for managing DSH incidents (August 2025).
- Enhanced daily **'touch point' meetings** for DATIX reviews → evolved into **'safe to start'** process.
- Introduced **Health Board ward accreditation** using AMAT.
- Completed **personal alarm audit**.
- Revised process for **WP10 safe storage and issue**.
- Reviewed and updated **absconding policy**.
- Progressing with **RTA/AI implementation** in PCMHSS and planning new system to replace WCCIS.

Nationally Reportable Incidents & Investigations

- Implemented **revised incident review process** for faster, timely discussions:
 - Every incident reviewed within **24 hours**.
 - Strengthened governance arrangements.
- Increased coroner inquests require quicker, comprehensive reviews.
- Delays in investigations may prolong formal processes, but support continues for divisions.

Safeguarding Processes & Training Compliance

- Corporate Safeguarding Team ensures timely referrals and risk management.
- Inpatient safeguarding incidents have active action plans and learning.
- MHLD leadership committed to regular safeguarding supervision.
- Level 3 training compliance making significant progress since April 2025 mandate.
- Training and guidance delivered via new staff forums.



Quality Improvement Overview Continued



Complaint Case Management and Overdue Cases

- The number of concerns raised has maintained consistent over the past year, ranging from 8 to 30 cases per month. The number going through the formal PTR process has increased but work is beginning to attempt to resolve more concerns informally. A total 21 concerns are overdue with 8 overdue for more than 30 working days (beyond the 30-working day target).

Compliance with Complaint Response Targets

- The compliance with PTR 30 working days declined in September to the lowest rate in 18 months (37.30% of cases closed within timescales). It is noted that QPS resource has been challenging which has recently improved following recruitment of a new divisional QPS lead who started at the end of October. The Early Resolution performance has improved significantly over the past 18 months, with a similar decline in performance noted in September.

Patient Experience Survey Insights

- The total number of responses to Civica Patient Experience surveys has maintained static but low since this introduction of the PES in May. The scoring of the questions listed (right) has also remained consistent with the lowest scores for 'Do you feel well cared for'.

Patient Safety Incidents and Datix Reporting

- A total of 13 compliments from patients and their relatives were recorded on Datix in October. This is the highest in the past 18 months and a positive shift with staff taking time to transcribe the feedback into Datix.5 were from care in St Cadocs, 3 at YYF, 3 at Maindiff Court, 1 in County Hospital and 1 at YTC.



Quality Improvement



Project	Summary	Outcome
Safety Pod- PICU	Intended benefits: Due levels of restrictive practice, Increase safety and dignity, Promotes a trauma-informed approach, offers a de-escalation tool	Due for evaluation

Project	Summary	Outcome
Bare below the elbow and uniform standards	Ensure professional standards are upheld Improve compliance with IPAC guidance	PDSA 1 completed PDSA 2 Nov/Dec 2025

Project	Summary	Outcome
Reducing the number of inpatient Falls	Annwylfan – Ward accreditation	

Project	Summary	Outcome
Patient Information Board	Cedar Parc- Ward accreditation	

Project	Summary	Outcome
Shift allocation	Exploring models of clinical shift allocation i.e. obs, news etc.	



ABUHB Quality Improvement Coaches



*The Quality Coach Development Programme was partially funded through Q Exchange by the Health Foundation and NHS England and NHS Improvement

- The ABUHB Quality Improvement (QI) Capability Framework sets out a vision to develop organisational culture for continuous Quality Improvement activity.
- A central theme of the framework is to train existing staff to act as QI coaches embedded within divisions to support local QI work
- Sponsors for each coach are allowing QI Coaches at least 3.5 hours (half a day) per month to coach teams undertaking QI work
- The central Aneurin Bevan Continuous Improvement (ABCI) team are running the QI Coach development programme adapted from the national *Quality Coach Development Programme

A Quality Improvement Coach role IS to:

- Coach improvement teams within ABUHB
- Support teams to plan, implement and evaluate QI work
- Meet regularly with the team undertaking Qi
- Actively listen
- Ask challenging questions
- Help teams understand their problem and set an aim
- Signpost quality improvement tools and resources



A person with a passion for QI, who has experience of running a project



Has dedicated time to support QI



Teaches and explains the use of QI tools



Works to engage people and teams in QI



Develops and nurtures relationships based on trust and support



Observes QI work of team – provides guidance, support and encouragement

- ☹️ **A Quality Improvement Coach role is NOT to:**
- Lead or project manage quality improvement work
- Collect or analyse data
- Have all the answers
- Do the work for teams
- Set up meetings
- Take responsibility for the QI project
- Make decisions about the QI work



For further information about QI Coaches please contact ABB.ABCi@wales.nhs.uk or visit [ABCi QI Coach webpages](#)



Quality and Safety Key Areas



- ❖ HIW Ty Skirrid
- ❖ HIW/CIW Inspection Torfaen CLDT
- ❖ HIW Staff Survey
- ❖ Senior Nurse Assurance Meetings – commenced November 2025





Date of inspection: 6th- 8th October

The initial feedback was very positive with no imminent assurances. Some of the comments included

- Positive patient experience and feedback- patients reported feeling safe
- Supportive and visible leadership - RC was noted to be supportive and collaborative in their approach.
- Demonstrated pre and post ward round engagement. Gaining patients, family/ carers views.
- Activity timetable promoting independent in the community.
- Good evidence of timely assessment and documentation

Areas to improve/strengthen:

- General comments about the estate 'tired looking' – particular reference to the bathrooms.
- Advised works and estates to review outstanding work.
- Recommended vision panels on the bedroom doors to minimise disruption during observations.
- Recommended review of personal security.
- Referenced the staffing level- 1 RNMH by night supporting both Ty Skirrid and Lindisfarne.
- To strengthen the offer of advocacy.

The formal report and improvement plan will be shared with the HB in the next 4-5 weeks. However, we will proactively take forward recommendations.



HIW STAFF SURVEY – Results



Survey sent to Staff Members across the sites recently inspected by HIW.

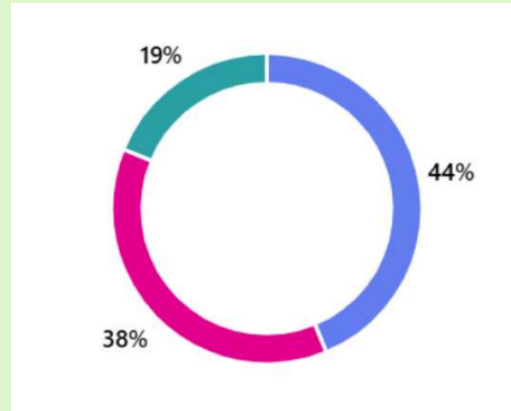
16 Responses received:

● Adferiad	4
● Pillmawr	2
● Ty Skirrid	3
● Torfaen Community Learning Disabilities Team	7

60% selected **yes** they were given **advance notice** of the inspection beforehand.

● Yes	11
● No	5

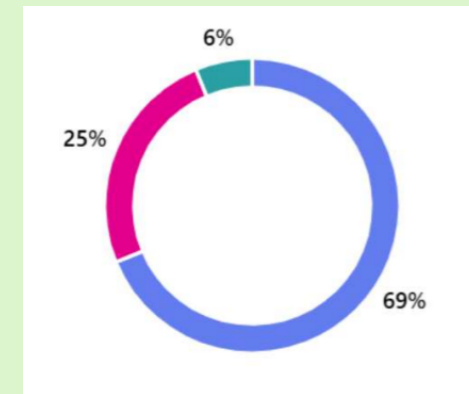
The majority of respondents (82%) understood the **purpose** of the HIW inspections: **44% extremely well** and **38% somewhat well**:



● Extremely well	7
● Somewhat well	6
● Neutral	3
● Somewhat not well	0
● Extremely not well	0

69% of staff involved felt **supported** and **prepared** during the inspection period:

● Yes, very prepared and supported	11
● Neutral	4
● Somewhat prepared and supported	1
● Somewhat not prepared or supported	0
● Not at all prepared or supported	0



Results (Continued)



EXPERIENCE



Disruption to patients during inspection – too many inspectors, even though inspectors were respectful of patients

Feeling of being time-pressured. Creates Anxiety in some staff.

Difficulty balancing immediate patient care and supporting inspectors

Issues with estates and disrepair were noted, but focus was on patient care

CHALLENGES



Difficulty navigating WCCIS system, locating policies and training & compliance etc

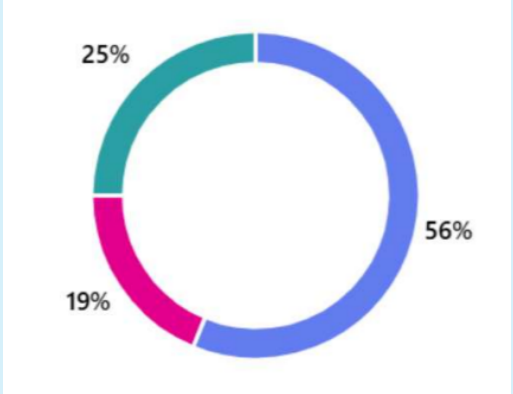
Adferiad ward extremely busy and fast-paced, too many people on ward caused stress to staff and patients

Nursing staff should not have to show inspectors around as this impacts patient care

Clinician required to help inspectors navigate difficult systems.

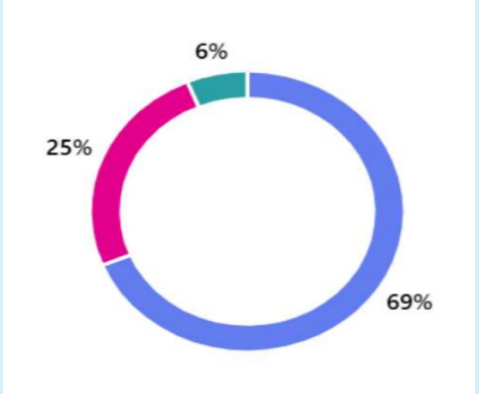
Ensure feedback is prompt and meaningful to staff particularly things working well to boost morale.

Over half (56%) answered **Yes** that the inspection has prompted changes in their day to day work:



Yes	9
No	3
Not sure	4

69% (11 people) feel that the inspection has had a **positive** impact on Team moral whereas 1 respondent (6%) felt it had a **negative** impact.



Positive impact	11
Neutral impact	4
Negative impact	1



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Patient Safety Incidents



Nationally Reportable Incidents				OVERDUE NRI's	
Definition		Analysis	Implications	Days overdue	NRIs overdue by group
Nationally reportable incidents are a set of specific incidents that must be reported to the NHS Executive.		One new NRI was submitted in October for an inpatient attempted suicide in a commissioned placement, this brings the MH & LD divisional total for this financial year to 4. Unfortunately, this financial year all four of the NRI cases due for closure were not completed in time.	The Health Board are committed to reaching 75% compliance within NRIs.	More Than 365 Days	3
				Between 0-30 Days	1
				Grand Total	4



Early Warning Notifications	
Definition	Analysis
Early Warning Notifications are provided to Welsh Government for events that may be of public interest or be in the press.	A total of 10 EWNs were submitted in October, bringing the divisional total this financial year to 46.

Never Events	
Definition	Analysis
Never events are serious, preventable patient safety incidents where national guidance or safety recommendations were not followed	No Never Events have been reported for MHLD this financial year.

Patient Safety Incidents		
Definition	Analysis	Implications
Patient Safety Incidents are those that require a serious incident investigation, either led by the division or corporate teams.	One new PSI (see NRI table for information). A total of 8 open PSI's open with 4 overdue their completion date.	Timely closure of PSI's allow for a resolution for patients/relatives and learning to be embedded.

Duty of Candour		
Definition	Analysis	Implications
The Duty of Candour is a legal requirement in Wales that mandates NHS organisations to be open and honest with patients when their care has resulted in unexpected or unintended moderate to severe harm, or death	One DoC event was triggered in October, this first this financial year related to a Staff to patient/service user physical assault.	The division is committed to openness and transparency.



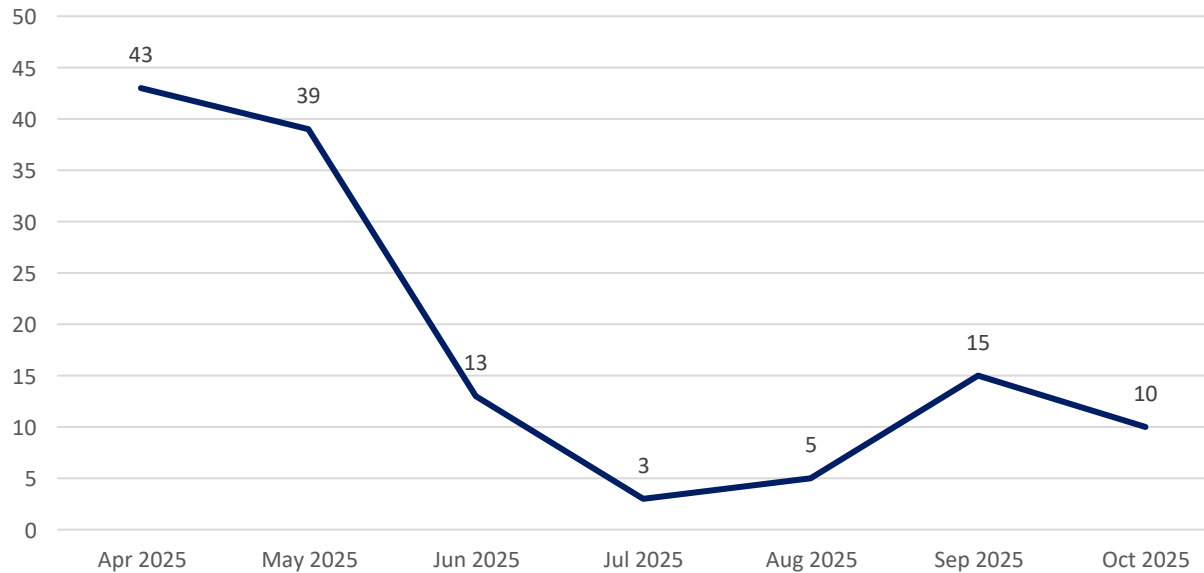
Safeguarding



Definition	Analysis	Implications
Safeguarding summary from corporate safeguarding team and ESR.	The primary themes for the 10 D2R incident in October are Patient to Patient (7), staff to patient (2) and standards of care (1).	Engagement with the safeguarding team can be seen in a significant increase in the number of calls for support and advice.



Mental Health & Learning Disabilities
Duty to Report



Workforce Update



OCP Update:

- Over **250 comments** received through Microsoft Forms and additional feedback via email.
- Final structure currently being finalised.

Cultural Change Programme

- Multiple engagement sessions delivered; further improvement in participation required.
- Programme extended to include **wider Divisional Management Teams (DMTs)**.

Adult Medical Vacancies - Significant progress achieved:

- **2023:** 12 Consultant vacancies.
- **Current:** Reduced to **2 vacancies**.



Workforce



Key Performance Indicators	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25
Number of WTE staff in post	1393.23	1391.30	1401.6	1419.17	1425.70	1427.48	1424.91	1427.18	1426.22	1415.82	1421.12	1430.63
Turnover %	8.62%	8.87%	8.55%	8.69%	8.84%	8.92%	9.03%	8.39%	8.17%	9.23%	8.55%	8.25%
Sickness absence %	8.21%	8.72%	8.22%	7.24%	6.35%	6.01%	6.51%	6.55%	7.55%	7.75%	7.34%	8.11%
PADR compliance %	67.23%	68.59%	69.44%	73.42%	73.54%	73.31%	73.74%	73.00%	73.36%	71.84%	72.82%	71.99%
S&M compliance %	83.86%	83.36%	84.17%	82.93%	82.89%	79.10%	80.43%	81.28%	82.22%	82.63%	82.19%	82.70%
RMN Vacancies (WTE)	48.74	59.38	45.42	43.24	26.44	21.84	22.46	21.92	21.54	17.82	18.64	18.08
HCSW Vacancies (WTE)	16.88	15.88	13.88	12.88	16.18	15.18	9.12	8.04	10.84	14.75	13.75	13.94
Consultant Vacancies (WTE)	5	4	4	5	5	5	5	5	5	5	6	2
Consultant job planning %	47.22%	55.56%	58.33%	58.33%	66.70%	66.70%	75.00%	58.30%	77.10%	91.20%	88.20%	85.30%
SAS job planning %	0.00%	25%	20%	27.30%	36.40%	45.50%	50.00%	33.30%	50.00%	46.20%	33.12%	33.30%





Part 2: CAMHs



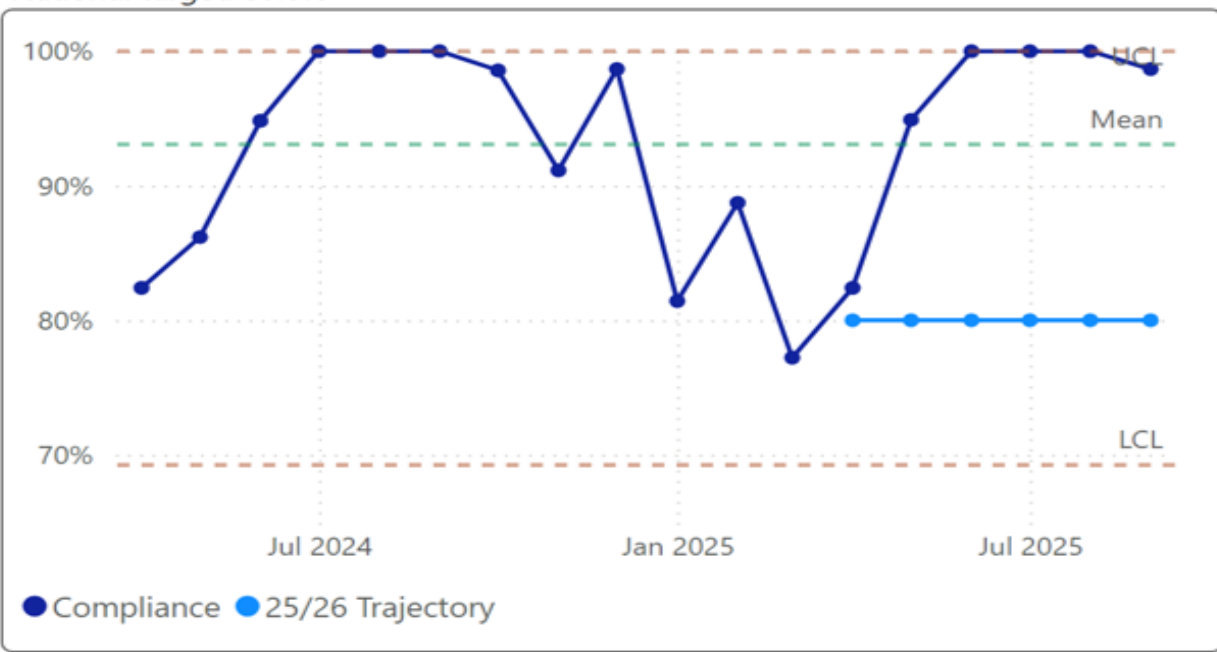
Measure: Maintain CAMHS Part 1a national target compliance (assessment completed within 28 days)

Performance: 98.7% (September 2025)

Trajectory: 80.0% (Q2)

National target: 80.0%

Ministerial Delivery



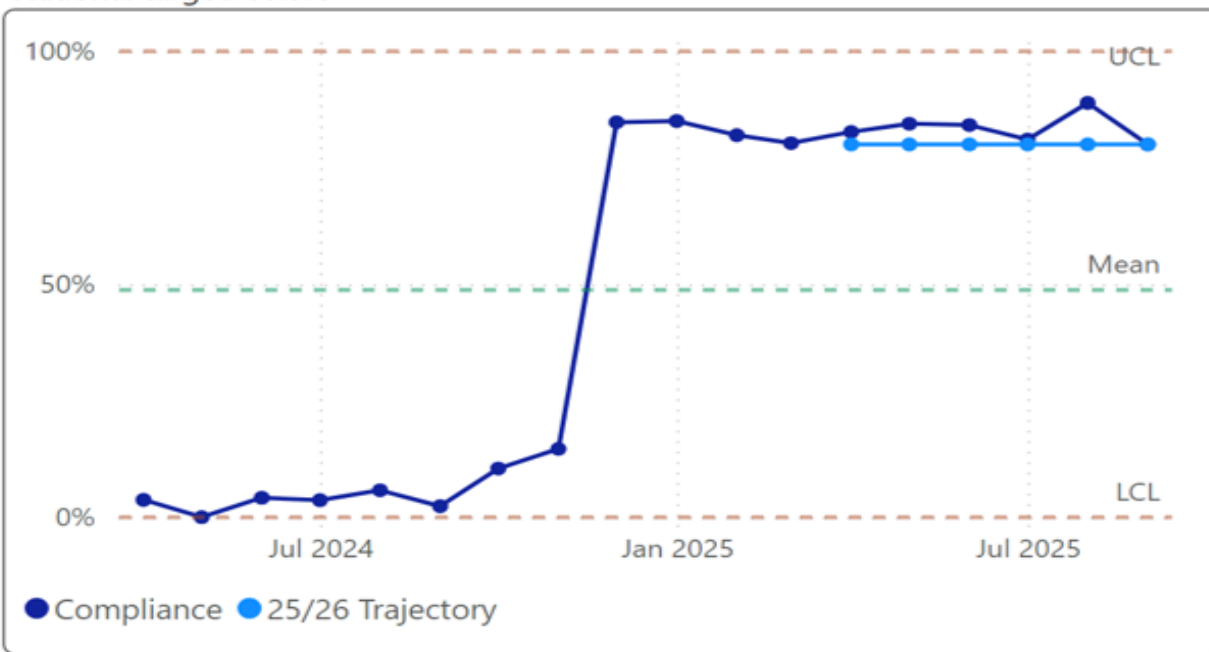
Measure: Maintain CAMHS Part 1b national target compliance (intervention completed within 28 days)

Performance: 80.0% (September 2025)

Trajectory: 80.0% (Q2)

National target: 80.0%

Ministerial Delivery



Insight and Actions

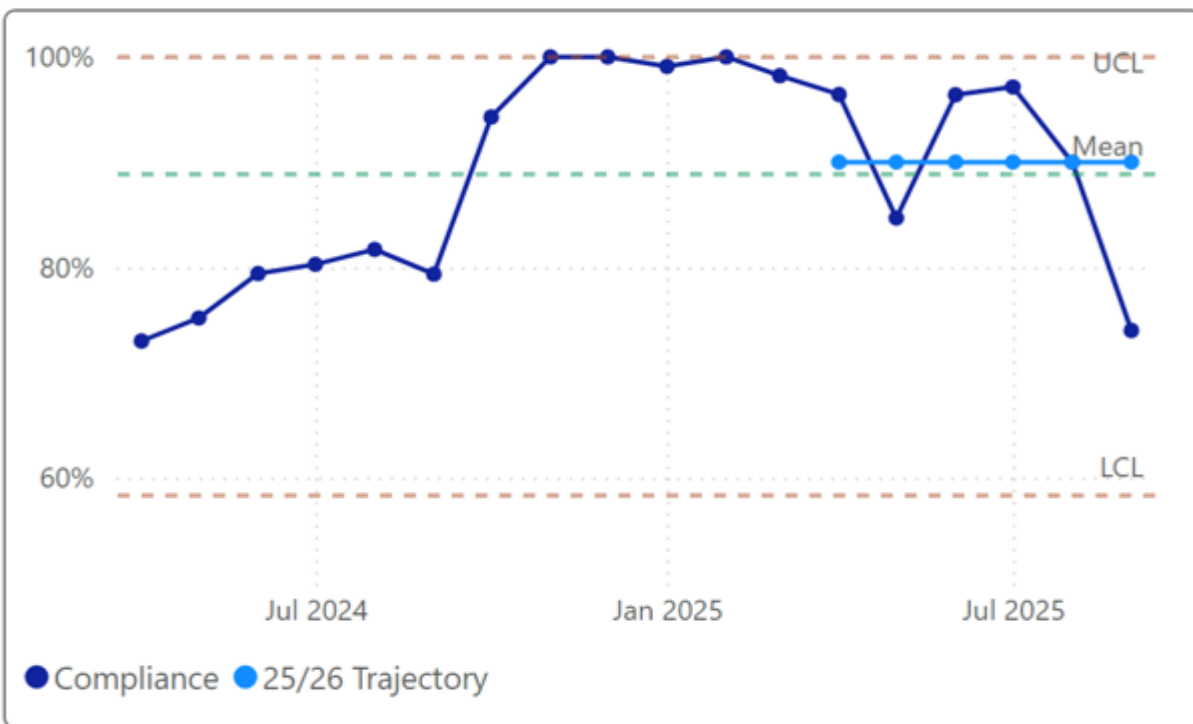
- CAMHS 1a & 1b: Like with Adults there are no issues with performance for these measures, with the service managing to balance both demand and capacity to ensure continued compliance with the national standard.

Measure: Maintain CAMHS Part 2 national target compliance

Performance: 74.0% (September 2025)

Trajectory: 90.0% (Q2)

National target: 90.0%

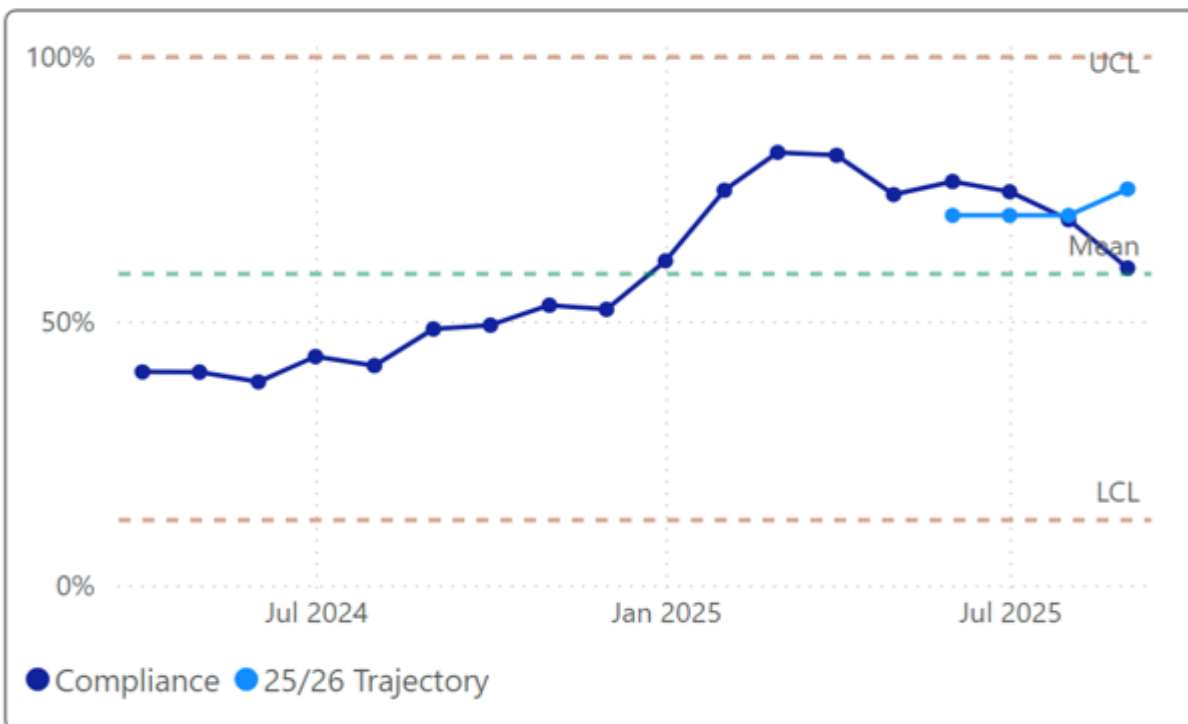


Measure: Improvement in Neurodevelopment waiting times compliance

Performance: 60.0% (September 2025)

Trajectory: 75.0% (Q2)

National target: 80.0%



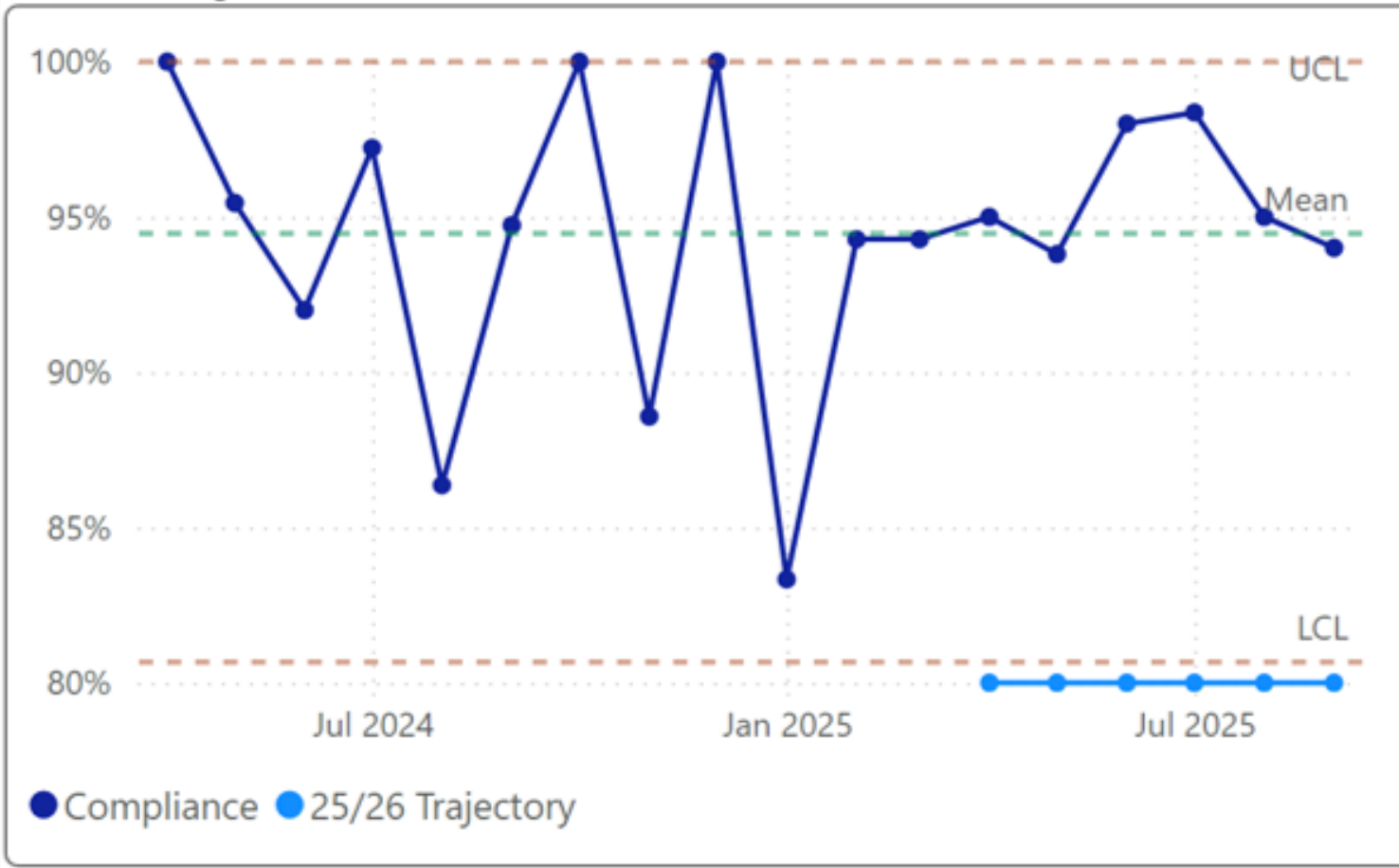


Measure: Maintain 80% compliance of SCAMHS Choice Assessments within 28 days from referral

Performance: 94.0% (September 2025)

Trajectory: 80.0% (Q2)

National target: 80.0%



ND Performance

	Total on waiting list	Total over 26 weeks	Total RTT %
Apr-25	1069	199	81.38%
May-25	1148	299	73.95%
Jun-25	1330	316	76.24%
Jul-25	1413	363	74.31%
Aug-25	1413	436	69.14%
Sep-25	1558	623	60.01%
Oct-25	1566	680	56.58%

Current Pressures

The CAMHS ND service is currently under significant pressure due to a combination of rising demand and reduced operational capacity. These challenges are impacting the ability to meet the 26-week RTT target and deliver timely assessments and interventions.

Growing Demand:

The legacy backlog waiting list is contributing to a decline in RTT performance, currently projected at **56.58% for October**. There is a notable rise in the number of children waiting over 26 weeks.

Reduced Team Capacity:

Staff availability in October has been affected by **bereavement leave and leave for family illness**, reducing core capacity by 100 clinical slots.

Vacancies and backfills are compounding the issue, however, there is a **1.0 WTE Band 5 ND Practitioner** post interviews being held on 10th November with an expected start date – 1st December 2025.

Re-allocation of Speech & Language Therapists capacity to input on Over 5s waiting list is helping .

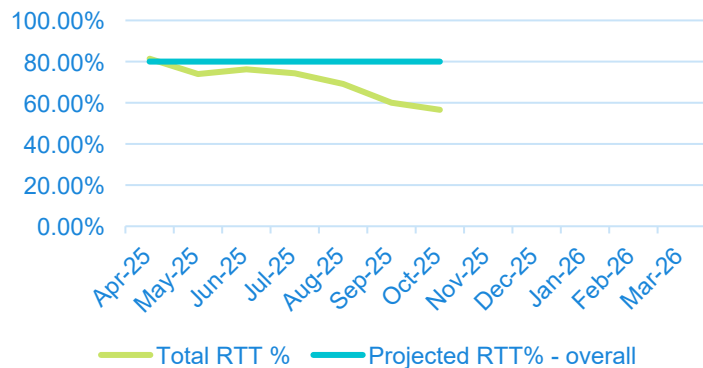
Total on waiting list: Increasing steadily from 1,069 in April to 1,566 in October

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

Longest weeks waiting for October 2025 – 51 weeks

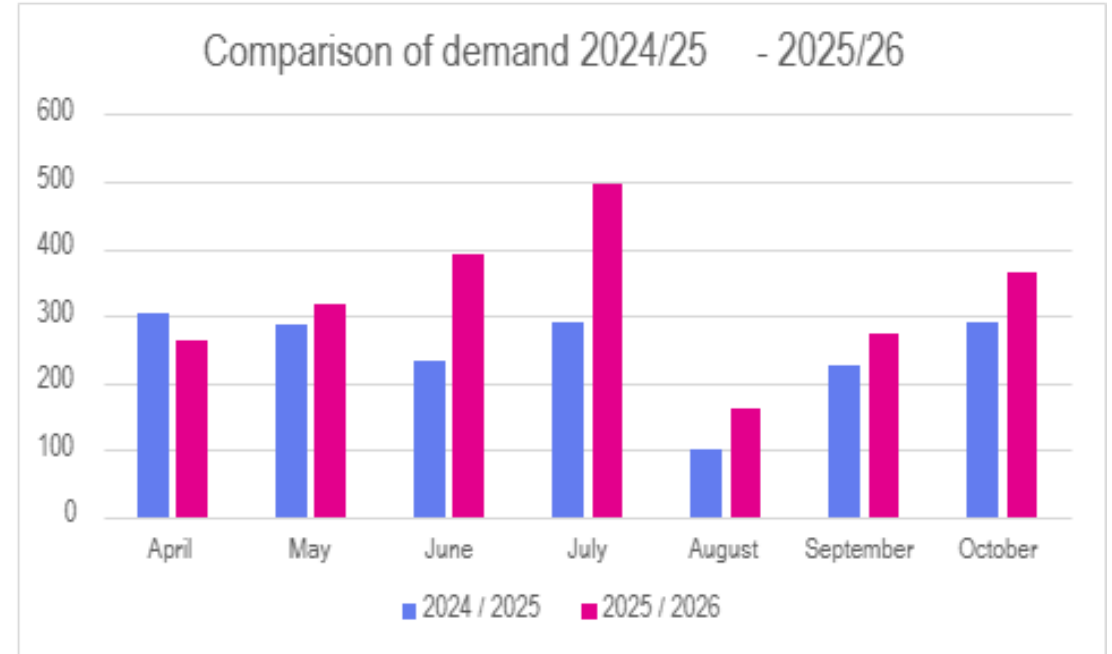
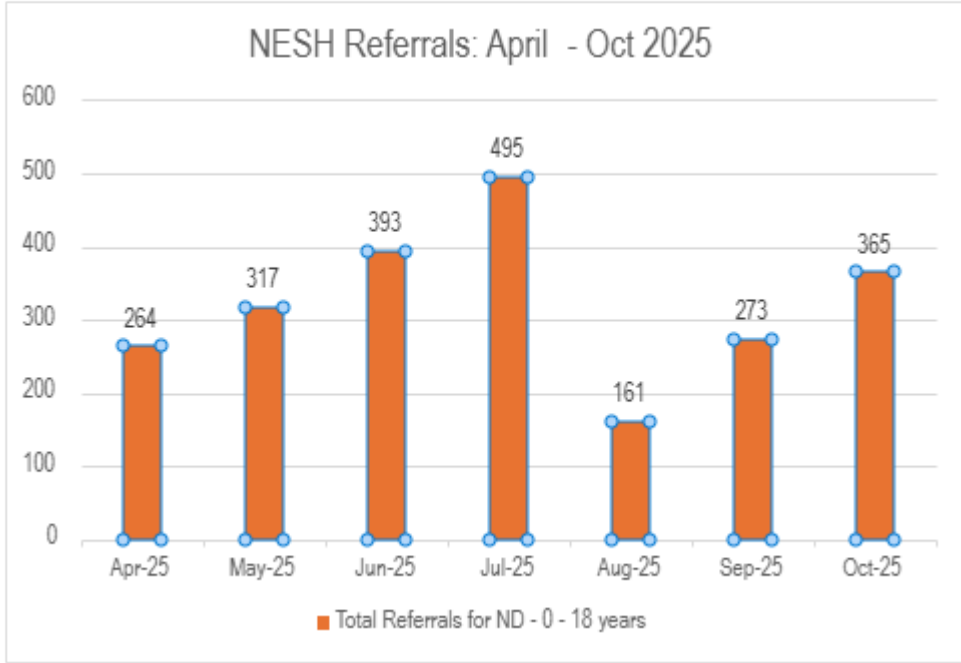
RTT % (Referral to Treatment within target time): Decreasing, to 56.58% in October.

0 - 18 RTT% Apr 25 - Mar 26



Neurodiversity

Current Demand:



	April	May	June	July	August	September	October
2024 / 2025	304	287	232	290	100	226	291
2025 / 2026	264	317	393	495	161	273	365
% increase / decrease	-13.16%	10.45%	69.40%	70.69%	61%	20.80%	25.43%

Neurodiversity

Evolution of Targeted Approach of the Neurodiversity Early Support Hub since April 2025

Start to adjust screening of referrals to be more dimensional:

Universal, Targeted and Specialist approach:

- Universal: not identified as requiring formal neurodevelopmental assessment. Clinical reasoning provided to outline home and school information, what this might mean and what might help. Recommendations made to access support based on child/young person's needs
- Specialist: high threshold for accepting for a neurodevelopmental assessment based on the information in the referral form and supporting information.

The Targeted Approach: what are the needs of the child / young person; how are these needs impacting on the child's day to day functioning in home and school; what has been tried; why have there been several referrals;

Therefore, from an early intervention and needs-led approach, how can NESH support the child and family to offer support, interventions and strategies to support in the short term but carry out follow up contact.

Cycle 1: April – July 2025

- NDIP funding received - £99,000
- Recruitment of Band 7 Team Lead and Band 4 Support Worker
- Utilise current admin support to use knowledge and ensure continuity
- Needs-led model

Cycle 2: August – September 2025

- NESH team in place supported by Clinical & Operational Lead – transition of 2 core ND clinicians to support
- Planning to think about support groups, signposting, resources
- Service meeting to consolidate plan

Cycle 3: October – November 2025

- Created a process flow to reflect journey through the targeted approach
- All referrals allocated to targeted, initial contact form sent to parents
- Contact calls with parents – activity recorded on WPAS
- Intervention with parents to support needs of child.

Neurodiversity

Projected RTT Recovery

This trajectory demonstrates time is needed to continue to reduce the legacy backlog and work on the targeted approach which is going to take some time to evidence the impact.

Month	Forecast RTT %
November	58%
December	58%

Additional NDIP Slippage Funding – £25,000

We have received confirmation of **£25,000 NDIP slippage funding** from the Children and Families Board, to be spent by **31 March 2026**.

This funding will support needs-led NESH development work, aligned with our original RIF bid:

- Screening and timely completion of outcome reports
- Embedding the NESH model (e.g., parent support groups)
- Development of a dedicated Gwent ND website with webinar resources (7 webinars ready for upload) to be in place by December 2025.

Strategic Impact

Together, the **£22,200 short-term investment** and **£25,000 NDIP funding** will position CAMHS ND to:

- Improve RTT performance
- Shift focus from volume-based processing to **needs-based intervention**
- Embed sustainable models of care and improve family access to resources



Questions ?



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Restrictive Practice Overview



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Restrictive Practice



Cont. Incident Reporting & Data Quality

Learning Disabilities

- Restrictive Practice Intervention All-Wales pilot in Ty Lafant- any incident of restrictive practice triggers a focus restrictive practice review- Feedback from first month pilot trial did identify some errors in completing the form although actions taken to address with leads and work through expectation of recording. Work in progress. Had one month review, H&S supporting. Data was being recording juts a drop down box issue.
- Positive Behavioural Support plans are widely used across the directorate to ensure consistent, proactive, and person-centred approaches to supporting individuals

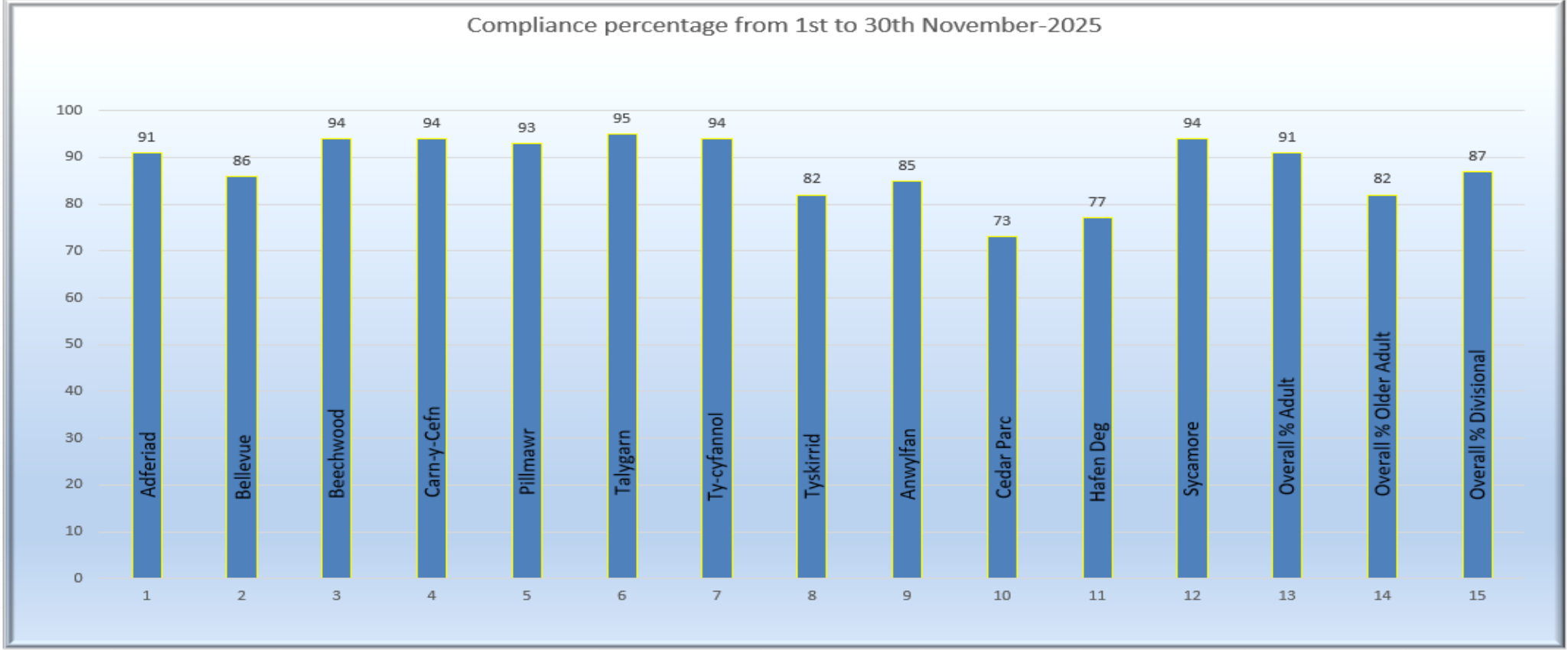


Restrictive Practice



PMVA Compliance

1. Adferiad	91
2. Bellevue	86
3. Beechwood	94
4. Carn-y-Cefn	94
5. Pillmawr	93
6. Talygarn	95
7. Ty-cyfannol	94
8. Tyskirrid	82
9. Anwylfan	85
10. Cedar Parc	73
11. Hafen Deg	77
12. Sycamore	94
Overall % Adult	91
Overall % Older Adult	82
Overall % Divisional	87



Restrictive Practice



Clinical & Ethical Oversight

Promotion of Trauma-informed approaches

- Theoretical element of training
- Patient involvement in care planning
- Patient de briefs
- Safety Pod QI project- plan to spread and scale

Collaborative approach with those with lived experience

- Lived experience support within training
- SBAR going to DMT re PMVA and enhanced support from lived experience
- Involvement in service user leaflet for Therapeutic Engagement and Observation and Compassion management of DSH.

Risk assessments and care plans

- Are updated promptly following restrictive practice- care plans with a focus on triggers and preventative measures.
- Strong emphasis on risk assessment and care planning within revised policy for therapeutic engagement and observation.



Cont. Restrictive Practice



Operational Assurance

Audits conducted and actions followed identified issues

- Incidents are reviewed every morning (within 24hrs)- feedback directly to clinical teams, oversight of appropriate and proportionate actions.
- AMAT reviews documentation.
- Monthly review of Restrictive practice incidents.
- Thematic reviews- DSH, seclusion
- Senior nursing assurance meeting introduced to include oversight of all incidents and therefore thematic analysis is reported monthly
- PBM (LD) is prescribed for each individual, if restraint is needed beyond this, it is immediately escalated to the MDT. PBM trainers support with review and consider any additional holds required.



MH&LD IQPD - Inpatient metrics



- 88% post discharge follow up.
- 100% ward ligature assessment in last 6 months (no change).
- CTP within 72 hours of admission - 19% in September figures are relatively same month on month for the last 6 months.
- Updated risk assessment and plan within 24 hours - 25% in September. Decreased month on month for the last 6 months.

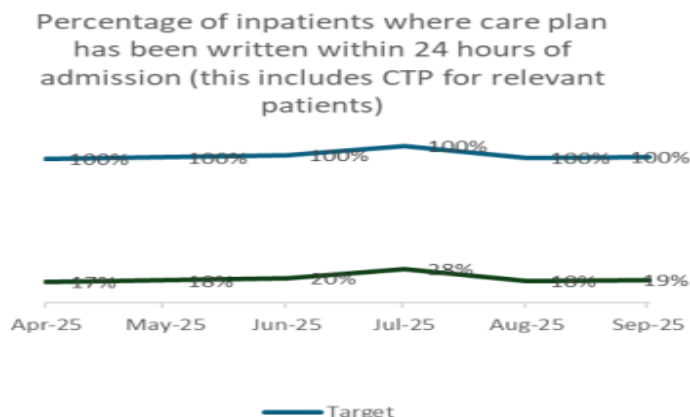
Percentage of patients received a post discharge follow up within 72 hours



Percentage of adult acute and older adult functional mental wards with tripartite anti-ligature assessments complete in the last 12 months

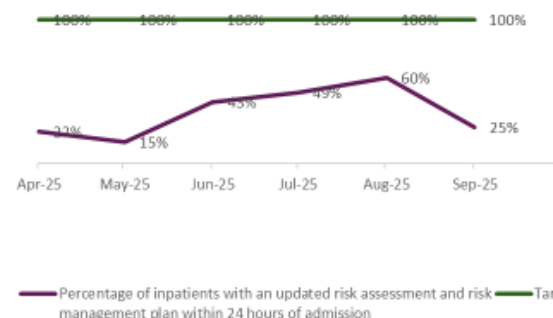


Percentage of patients received a post discharge follow up within 72 hours



Percentage of adult acute and older adult functional mental wards with tripartite anti-ligature assessments complete in the last 12 months

Percentage of inpatients with an updated risk assessment and risk management plan within 24 hours of admission



DYDDIAD Y CYFARFOD: DATE OF MEETING:	20 January 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 decisions made on behalf of adults who lack capacity, while the Deprivation of Liberty Safeguards (DoLS) ensure that any deprivation of liberty in hospitals or care homes is lawful and proportionate. The Health Board is committed to embedding these principles across all aspects of care, including consent, discharge planning, and best interest decisions, and to securing timely DoLS authorisations.

Significant progress has already been achieved in training and engagement, with audits highlighting both areas of good practice and opportunities for further improvement. Building on this strong foundation, the Health Board is actively implementing measures to enhance consistency in capacity assessments and documentation of best interest decisions.

Addressing the DoLS backlog remains a priority, and work is underway to streamline processes, strengthen assessor capacity, and explore innovative workforce solutions. Financial and resource challenges, such as reliance on privately commissioned Section 12 assessments, are being addressed through availability of existing documentation of functional assessments for decision making.

This report provides assurance that these actions are in progress and that the Health Board is taking a proactive, solution-focused approach to safeguarding vulnerable people.

Cefndir / Background

Mental Capacity Act (MCA)

Since its establishment in 2022, the MCA Team has played a pivotal role in strengthening compliance and confidence in applying MCA and DoLS principles. The team provides training, clinical support, and audit oversight, which has led to significant improvements in staff knowledge and practice. Mandatory Level 3 training went live on 3rd November 2025, supported by a tiered training model that ensures all staff receive role-appropriate education:

- Level 1 – e-learning for non-patient-facing staff
- Level 2 – interactive sessions for patient-facing staff
- Level 3 – workshops for registered clinicians

Feedback from these sessions has been consistently positive, with staff reporting improved understanding and confidence. Audits have identified opportunities to further strengthen documentation of capacity assessments and best interest decisions, particularly in DNACPR processes. These findings are informing targeted improvement actions, while examples of good practice, such as involving IMCAs in complex decisions, are being shared and embedded across the organisation.

Deprivation of Liberty Safeguards (DoLS)

DoLS continues to be managed through the current Gwent Consortium arrangement, providing a collaborative approach to authorisation and assessment. While referral volumes remain high nationally, the Health Board is actively working to streamline processes and reduce backlogs through improved co-ordination and workforce planning. Urgent authorisations are being used effectively to maintain safeguards, and proposals to strengthen assessor capacity within hospitals through a refreshed DoLS delivery model are in development.

The Health Board is also improving co-ordination for Court of Protection applications, particularly for community DoLS and cases involving 16–17-year-olds, ensuring timely authorisation.

Nationally, the UK Government announced in October 2025 that Liberty Protection Safeguards (LPS) will be subject to consultation in 2026. The Health Board is proactively engaging with the All Wales MCA/DoLS network to align training and assurance metrics and prepare for future implementation.

Asesiad / Assessment

The following assessment is structured against seven assurance domains. These domains provide a comprehensive framework for evaluating how well the Health Board is meeting its statutory obligations under the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). The domains cover legal compliance, quality of practice, safeguarding, equality and human rights, workforce capability, improvement planning, and benchmarking against external standards. This

approach ensures that assurance is not limited to compliance alone but reflects the broader responsibilities of delivering safe, lawful, and person-centred care.

The Health Board has made substantial progress in embedding the principles of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) into everyday practice. Mandatory MCA training is now live across all levels, supported by a tiered model that ensures staff receive role-appropriate education. Targeted audits and specialist input from the MCA Team are driving improvements in the quality of capacity assessments and best interest decisions, and staff feedback indicates growing confidence in applying statutory principles into clinical practice. While challenges remain, such as achieving full training compliance and addressing the DoLS backlog, the foundations for safe, lawful, and person-centred care are firmly in place, and improvement actions are actively underway.

Workforce development remains an important area of focus, alongside strengthening supervision and reflective practice to support frontline staff. Continued strategic engagement with the All Wales MCA/DoLS network will support alignment with national standards and help build preparedness for the future implementation of LPS.

1. Legal and Statutory Compliance

Current Position: Achieving full training compliance remains a priority. Mandatory Level 3 MCA training was launched on 3rd November 2025, and uptake is progressing well. The Health Board is actively monitoring compliance timelines for all three levels and supporting staff through accessible ESR modules and targeted engagement.

Audits have identified opportunities to strengthen documentation, such as ensuring capacity assessments and best interest consultations are consistently recorded for admissions and DNACPR decisions. These findings are being used to inform improvement actions and embed best practice across clinical areas.

DoLS application volumes remain high, reflecting the national position, and timeliness is affected by backlog pressures. To address this, the Health Board is implementing measures to streamline processes, improve assessor capacity, and strengthen coordination for Court of Protection applications, particularly for community DoLS and cases involving 16–17-year-olds.

Solution-Focused Actions:

- Mandatory MCA training is now embedded across all levels, with compliance monitored via ESR and supported by a tiered training model.
- A proposal to enhance DoLS management and workforce capacity has been presented to the Executive Team, including options to reduce backlog and improve timeliness.
- Clearer pathways and liaison roles are being developed for Court of Protection processes to ensure timely authorisation for complex cases.

2. Quality and Practice

Current Position: Audits show improvement in capacity assessments but highlight variability in documentation and best interest decisions. Engagement with IMCAs is positive in some cases but not yet consistent.

Solution-Focused Actions:

- Targeted audits and feedback loops via AMaT to drive improvement.
- Bespoke training and workshops for teams with lower compliance.
- Standardised templates for capacity and best interest decisions being embedded into WNCR for consistency.

3. Safeguarding Interface

Current Position: Links between MCA/DoLS and safeguarding is improving but requires strengthening, due to limited data on trends and inconsistent inclusion in mortality reviews.

Solution-Focused Actions:

- Integration of MCA compliance checks into safeguarding reviews.
- Learning from high-risk cases shared through quarterly forums.
- Mortality reviews to include MCA considerations as part of governance reporting.

4. Equality, Human Rights and Inclusion

Current Position: Reporting on representation patterns and cultural competence is limited, and accessibility barriers remain for some individuals.

Solution-Focused Actions:

- Equality Impact Assessment for MCA and DoLS processes in development.
- Improved accessibility tools (easy-read formats, interpreter access) in progress through the wider Patient Experience and Involvement Team.
- Collaboration with EDI teams and advocacy services to embed cultural competence and collect data for future reporting.

5. Workforce Capability

Current Position: Demand for MCA and DoLS support exceeds current resources, and reliance on privately commissioned Section 12 assessments is costly.

Solution-Focused Actions:

- Executive-level proposal and option appraisal to better manage DoLS and MCA compliance supported in principle.
- Plans to extend reflective practice and supervision sessions to frontline staff.
- Work underway through a dedicated workshop to reduce reliance on private assessments through better integration with dementia services and improved data sharing.

6. Improvement Plan and Delivery

Current Position: Priorities include accelerating training compliance, addressing DoLS backlog, and reducing reliance on private assessments. Co-production and lived experience involvement is limited currently.

Solution-Focused Actions:

- Digital improvements to standardise MCA and Best Interest templates across Wales and integrate into WNCR.
- Engagement with All Wales MCA/DoLS network for LPS readiness.
- Co-production initiatives being explored to involve people with lived experience in shaping improvement work.

7. Benchmarking and External Standards

Current Position: Timeliness of DoLS authorisations across Wales remains below national expectations, and the Health Board continues to benchmark performance through the All Wales MCA/DoLS network.

Solution-Focused Actions:

- Active participation in national networks and submission of assurance metrics to Welsh Government.
- Alignment of training framework with national standards.
- Incorporation of lessons from Ombudsman, HIW, and CQC cases into local improvement actions.

Conclusion

The Health Board has made significant progress in embedding the principles of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) into everyday practice. Mandatory training is now live across all levels, supported by a tiered model that ensures staff receive role-appropriate education. Audits and staff feedback demonstrate growing confidence and improved quality in capacity assessments and best interest decisions.

While challenges such as achieving full training compliance and addressing the DoLS backlog remain, clear improvement plans are in place. These include streamlining processes, expanding workforce capability, and strengthening coordination for complex cases. Engagement with national networks and readiness planning for Liberty Protection Safeguards (LPS) further position the Health Board to meet future statutory requirements.

Looking ahead, our focus is on accelerating compliance, enhancing documentation standards, and embedding best practice consistently across all clinical areas. By prioritising workforce development, digital integration, and co-production with people who have lived experience, we will continue to deliver safe, lawful, and person-centred care. These actions reflect a proactive and collaborative approach that safeguards rights and dignity while driving continuous improvement.

Argymhelliad / Recommendation

The Health Board has established a strong foundation for MCA and DoLS compliance through mandatory training, targeted audits, and specialist support. These measures are driving continuous improvement in lawful and person-centred care.

To build on this progress, skilled MCA practitioners and Best Interest Assessors will continue to support complex cases and deliver bespoke training, further enhancing staff confidence and embedding statutory principles into everyday practice.

Engagement with national networks (including discussions with the All Wales Executive Directors of Nursing) and readiness planning for Liberty Protection Safeguards (LPS) demonstrate a proactive approach to future compliance and governance standards. By prioritising workforce development, digital integration, and co-production with people who have lived experience, the Health Board is well positioned to deliver safe, lawful, and person-centred care.

The Mental Health and Learning Disabilities Committee is asked to **NOTE** the content of this report for assurance and **SUPPORT** the ongoing improvement actions outlined.

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 prioritise areas where evidence shows take up of services is lower or outcomes are worse Improve the access, experience and outcomes of those who require Mental Health and Learning Disability Services Choose an item. Choose an item.

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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 Yes not yet available
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	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

Power of Discharge Sub-Committee Meeting

**Tuesday 11th November
2025 14:00 – 15:30**

**Virtually via Microsoft
Teams**

Present:

Paul Deneen – Chair, Independent Board Member
Perry Attwell – Associate Hospital Manager
Keith Dunn – Associate Hospital Manager
Kolade Gamel – Service Group Manager: Mental Health Learning Disabilities
Pamela Haylings – Associate Hospital Manager
Sharon Malson – Mental Health Act Support Officer
Carol Smith – Associate Hospital Manager
Amelia James – Mental Health Act Implementation Support Officer (*Minutes*)

Apologies:

Beverley Hopkins – Mental Health Act and Divisional Admin Manager
Carol Morgan – Associate Hospital Manager
Elaine Phillips – 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. Introductions were made.		
2. Matters Arising and Minutes from previous Meeting	The minutes and action points from 15 th July 2025 were reviewed and agreed. Paul asked for an update on the expenses form that the MHA office were going to create and send out for comments.	Amelia to pick this up with Bev	AJames / BHopkins
3. Items for Decision	No items for Decision.		
4. Items for Discussion	<u>Feedback from AHM's</u> <ul style="list-style-type: none"> Perry raised the question of whether it would be useful for somebody from the panel meeting with the patient before the hearing because it the process can be quite daunting for the patient. They are being put in front of 3 people that they don't know and 		

	<p>some of the information they hear is difficult.</p> <p>Keith discussed that the patient can ask to see the panel in advance of the hearing and that one of the questions on the hearing checklist is if the patient would like to speak to the panel in private.</p> <p>It was discussed that it would be useful to remind chairs of this and that this would be discussed with Bev and see whether there is the opportunity to have a pre hearing conversation with the patient to find out if they would like to speak to anybody prior to the hearing.</p> <ul style="list-style-type: none"> • Pamela asked if her colleagues would mind meeting 10-15 minutes before the manager hearings are due to start to have any discussions that needed to be had. <p>Sharon mentioned that this is something that the MHA department try to do. Keith also mentioned that this happens when he is chairing a hearing so that everybody can ask any questions they might have etc.</p> <p>It was requested that going forward all panels should try to meet 15 minutes beforehand so that any questions from panel members can be discussed.</p> <ul style="list-style-type: none"> • Keith discussed that it might be helpful to make sure that the patients have had their papers in advance of the hearing as in the past couple of months there have been two or three hearings that have had to be postponed because the patients have not had the papers. <p>Amelia discussed that the MHA team are trying their best with this. They are clearly stating in their emails to the care teams asking for the reports to be shared with the patient, however this</p>	<p>Amelia to discuss this with Bev</p>	<p>AJames / BHopkins</p>
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	<p>unfortunately can only send them out once they've been received.</p>		
<p>5. Items for Information</p>	<p><u>Report prepared for meeting of MHLDCOMM in September 2025</u> The report was reviewed for information.</p> <p><u>AHM Training Day and Catchup</u> A training day and catchup is being planned for 22/01/2025 at 10:00-15:00 (TBC) at St. Cadoc's.</p> <p><u>Annual conversations with AHM's & AHM Appraisal Form</u></p> <p>Paul said that it is important that we have a system/process in place to support members and receive feedback on an annual basis. There would also be the opportunity to discuss terms of appointment and any other issues. Bev to follow up.</p> <p>Peter had sent in a copy of the appraisal form used by Elysium and the MHA office have used this to create a AHM appraisal form to be used by ABUHB.</p> <p>Paul thought that it is important that these conversations were held on an annual basis in order to give feedback and also for AHM's to be given the chance to have a say.</p> <p>Keith mentioned that it is really welcome and that it has been a while since the AHM's have gone through a process like this.</p> <p>Carol suggested that in the section around training it would be difficult to know what training you would want if you were a new manager. It would be helpful to include some prompts.</p> <p>It was decided that the form would be amended to include some prompt questions around</p> <ul style="list-style-type: none"> • Induction training • Update training • Chair training <p>Bev can then put together a programme of training based on training needs identified.</p>	<p>Bev to follow up</p>	<p>BHopkins</p>

<p>6. Any Other Business</p>	<p>Keith asked how many managers hearings are outstanding in terms of the backlog. Amelia explained that the backlog has been completely cleared and confirmed that there are 21 upcoming hearings.</p> <p>Carol also mentioned that she has recently attended some online training with Bevan Brittan who do updates around the MHA which was really useful. The sessions are short – around an hour.</p> <p>Amelia said that Bev will be will be sending out a booklet containing a glossary of mental health act terms.</p> <p>Paul expressed his thanks to Bev, Sandra, Kola, Sharon and Amelia for their support and thanked the Associate Hospital Managers for all of the work they undertake on behalf of Aneurin Bevan.</p> <p>Paul thanked Perry, Pam, Keith and Carol for their input at today’s meeting.</p>	<p>Carol will send the information to Bev</p>	<p>CSmith</p>
<p>Date of next meeting: Tuesday 24th February 2025 at 09:30</p>			