



**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 Section 12 work. The Committee advised that</p>



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 ensure divisional meetings fed into wider organisational processes. The Committee noted action plans from incidents and inspections were regularly reviewed and professional standards and HR oversight had been strengthened.

SM highlighted leadership visibility and informed the Committee that mock inspections were ongoing to share best practices and learning. The Committee noted senior leadership visibility had increased across wards and community team and a monthly innovation hive had been established to celebrate and share small-scale improvements, support quality improvement projects, and to feed successful initiatives into strategic planning,

SM outlined ongoing national work and noted the division was contributing to national mental health strategy implementation and patient safety programs with several workstreams in progress.

Jennifer Winslade (JW), Director of Nursing, advised the Committee that the Division remained in escalation for Quality and Patient Safety. The Committee noted there was a continued high level of oversight from the Executive Committee for continued enhanced monitoring to ensure improvements continued.

Paul Deneen (PD), Independent Member, queried the HSE inspection of Hafren Deg ward on 19th June. The Committee noted the inspection was not in relation to a specific incident but that the inspection had picked up three areas of concerns: lack of staff personal alarms; a potential abscond risk and how restrictive practices were adapted for over 65s. The Committee was assured once notification of a pending inspection was received the division had developed an action plan to address the issues raised and the learning was applied across the



division including a personal alarm audit which has now been completed. JW informed the Committee that oversight was provided in the response to the inspection by the Health Board's Quality Management Group.

Penny Jones (PJ), Chair, requested a report on a future Committee which outlined the Health Board's use of restricted practices.

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 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.

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.

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.

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.

The Committee **NOTED** the report.

MHLD/0909/04

Power of Discharge Sub-Committee



MHLD/0909/05

The Committee **NOTED** for information.

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

The Committee expressed concern over incidents of violence and aggression against Health Board staff and was 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

