

**CYFARFOD BWRDD IECHYD PRIFYSGOLN  
ANEURIN BEVAN/ANEURIN BEVAN  
UNIVERSITY HEALTH BOARD MEETING  
MINUTES OF THE MENTAL HEALTH AND  
LEARNING DISABILITIES COMMITTEE**

<b>DATE OF MEETING</b>	Tuesday 20 <sup>th</sup> January 2026 13.00-16.00
<b>VENUE</b>	Executive Meeting Room, St Cadocs

<b>PRESENT</b>	Penny Jones, Chair
	Paul Deneen, Vice Chair
<b>IN ATTENDANCE</b>	Helen Sweetland, Independent Member
	Rani Dash, Director of Corporate Governance
	Leanne Watkins, Chief Operating Officer
	Louise Turner, Divisional Director of Mental Health and Learning Disabilities
	Rebecca Goode, Head of Operational Transformation
	Nadine Gould, Divisional Nurse for MH & LD
	Sandra Mason, Assistant Director of Mental Health & Learning Disabilities
	Paul Rice, General Manager for MH&LD
	Amy Buckley, Assistant Divisional Nurse, MHL
	Sara Garland, General Manager, Family and Therapies
	Tracey Partridge Wilson, Deputy Director of Nursing
	Mark Griffiths, CAMHS Consultant and Clinical Director
	Naomi Murtagh, Board Business Manger
	Gavin Thomas, Governance Support Officer
<b>APOLOGIES</b>	Dafydd Vaughn, Independent Member
	Phillip Robson, ABHUB Vice Chair
	Tracy Daszkievicz, Director of Public Health
	Seema Srivastava, Medical Director
	Polly Frazer. Aspiring Board Member

<b>MHL/0120/01</b>	<b>Welcome and Introductions</b>
	The Chair welcomed everyone to the meeting.
	<b>Apologies for Absence</b>
	Apologies for absence were noted.
	<b>Declarations of Interest</b>

	<p>The Chair asked if anyone had any Declarations of Interest pertaining to items on the agenda. There were no Declarations of Interest to note.</p>
<p><b>MHLD/0120/02</b></p>	<p><b>Draft Minutes of 09 September 2025 Meeting</b></p> <p>The minutes of the Mental Health and Learning Disabilities Committee held on 09 September 2025 were reviewed and agreed as a true and accurate record of the meeting.</p> <p>The Committee <b>APPROVED</b> the minutes.</p>
<p><b>MHLD/0120/03</b></p>	<p><b>Committee Action Log</b></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 <b>NOTED</b> the action log.</p>
<p><b>MHLD/0120/04</b></p>	<p><b>Review of Committee Programme of Business 2025/26</b></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 <b>APPROVED</b> the updated Committee forward work plan and <b>NOTED</b> any updates would be brought forward to each future Committee meeting for oversight.</p>
<p><b>MHLD/0120/05</b></p>	<p><b>Mental Health Act Compliance Report</b></p> <p>The Committee received the Mental Health Act Compliance Report for the period July to October 2025. Sandra Mason (SM), Assistant Director of Mental Health &amp; Learning Disabilities, introduced the report and confirmed that overall activity under the Mental Health Act had remained within expected variation for the quarter.</p> <p>SM reported that although detentions had been higher than average in some areas, no underlying causes had been identified. SM highlighted a 67% decrease in the use of</p>



Section 4 detentions, attributed to improved availability of Section 12 approved clinicians and strengthened monitoring processes.

SM noted that Section 136 detentions continued to be higher than average, although repeat detentions had reduced. SM confirmed that work with multi-agency partners was ongoing to promote alternatives to Section 136 where clinically appropriate.

In addition, SM reported that Hospital Managers' Hearings had taken place regularly and that all previous backlogs had been cleared, with no overdue hearings in the reporting period. The Committee also noted a decrease in new Community Treatment Orders (CTOs), although overall numbers had remained higher than average.

Paul Deneen (PD), Independent Member, sought clarification on the sustained increase in Section 136 usage and requested reassurance that sufficient capacity existed to support individuals appropriately. Leanne Watkins (LW), Chief Operating Officer, outlined the ongoing work with police partners under the Right Care, Right Person approach, noting early improvements in alternative crisis pathways and clinical input through the "111 press 2" service. LW acknowledged that further development was required, particularly in relation to resources, workforce resilience, and geographical coverage.

PD raised further concerns about unlawful detentions and documentation errors, noting earlier improvements but a more recent rise. PD requested a deeper understanding of underlying causes and the impact of training for substantive and temporary staff.

**ACTION: Chief Operating Officer**

LW confirmed that training programmes were in place and that the division would continue to track performance through divisional assurance processes. SM agreed to work with departmental training leads to review errors, identify themes, and undertake further analysis, including consideration of locum and agency staff practice.

The Committee discussed the importance of timely scrutiny, the quality of medical documentation, and



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consistency in training attendance. The Committee emphasised the reputational and legal risks associated with errors and welcomed the proposed work to strengthen assurance.

The Committee **NOTED** the report and the activity trends under the Mental Health Act.

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

Leanne Watkins (LW), Chief Operating Officer, introduced the report and highlighted the scale and complexity of activity across adult Mental Health and Learning Disability services. LW advised that, overall, performance against agreed trajectories had been maintained, with some areas demonstrating sustained improvement, while other areas remained challenging and required further transformation to ensure long-term sustainability.

The Committee noted strong performance within primary mental health care services, supported by improved digital processes, including robotic process automation, which had reduced referral processing times and supported compliance. Recovery and care planning compliance had remained high, with continued focus on maintaining quality during planned transitions to new digital systems.

In relation to psychological therapies, the Committee noted ongoing pressures on waiting times. LW advised that significant work was underway to review demand, map current provision and redesign service models to support earlier access and more sustainable delivery. LW acknowledged that this would require fundamental changes to workforce deployment and care pathways, and confirmed that this work would continue over the coming months.

Amy Buckley (AB), Assistant Divisional Nurse, Mental Health and Learning Disabilities, presented the quality and patient safety elements of the report. The Committee noted significant progress in strengthening governance and assurance processes, including:



- the establishment of a divisional policy and control group to oversee policy development and implementation;
- improvements in clinical documentation quality, supported by regular audits and targeted feedback; and
- daily review of incidents and “safe to start” checks across inpatient areas, enabling timely escalation and learning.

AB advised that a revised Therapeutic Observation and Engagement Policy had been ratified, with a structured training programme underway. Interim arrangements had been implemented to ensure that temporary and agency staff were aware of expected standards.

In addition, the Committee noted focused improvement work relating to the management of deliberate self-harm, including the introduction of a seven-minute briefing to support consistent and compassionate practice. Early evidence had suggested improvements in documentation quality and incident management.

The Committee noted that complaint volumes had remained broadly consistent, with marked improvement in the management of overdue cases. AB reported that significant progress had been made compared to previous years, supported by clearer processes and improved support for clinical teams responding to concerns.

Patient feedback collected through formal systems had remained limited; however, it was acknowledged that alternative mechanisms were in place to capture positive feedback directly from service users and carers. The Committee agreed that triangulated sources of feedback provided a more representative picture of service quality.

In relation to safeguarding, the Committee noted improved collaboration with corporate safeguarding teams and a reduction in inappropriate safeguarding referrals, reflecting clearer guidance and enhanced professional judgement.



AB provided assurance regarding recent Healthcare Inspectorate Wales (HIW) inspections of Mental Health and Learning Disability services. Inspections had been generally positive, with no immediate actions required. Common themes for improvement had primarily related to estates and environmental issues. Staff feedback following inspections had been largely positive, with teams reporting that they felt supported and better prepared through inspection-readiness activity.

Sara Garland (SG), General Manager, Family and Therapies, presented the CAMHS performance update and advised that sustained compliance had been achieved against early intervention standards. Minor performance variation had been attributed to administrative issues, which had since been addressed.

Significant discussion focused on neurodevelopmental services, where demand had continued to increase. The Committee noted progress made through service transformation, including a move towards a needs-based model, improved engagement with families and schools, and the development of new digital resources to support parents and carers. Despite these improvements, the Committee acknowledged ongoing capacity pressures and the need for continued monitoring.

The Committee welcomed feedback indicating that schools and families had responded positively to clearer pathways and improved communication.

The Committee:

- **NOTED** the report and the overall position on performance, quality, safety and activity;
- **RECOGNISED** the significant improvement work undertaken across services;
- **ACKNOWLEDGED** ongoing challenges, particularly in psychological therapies and neurodevelopmental services; and



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- **AGREED** that further updates would be brought to future meetings on service transformation, national performance metrics and demand pressures.

## Restrictive Practice and Associated process Report

Amy Buckley (AB), Assistant Divisional Nurse, Mental Health and Learning Disabilities, presented the report and outlined the approach to restrictive practice, including physical restraint, chemical restraint, segregation and enhanced observations. AB advised that reducing restrictive practice had continued to be a key quality and patient safety priority across the division.

The Committee noted that, within Learning Disabilities services, participation was underway in an all-Wales pilot requiring focused post-incident reviews of restrictive interventions recorded on Datix. Early feedback had indicated improved analysis and learning, although some data quality and completion issues were being addressed as part of the pilot phase. It was noted that, subject to national evaluation, the approach was intended to be rolled out more widely.

In relation to adult mental health services, AB advised of the introduction of a Safety Pod within the Psychiatric Intensive Care Unit (PICU). This initiative aimed to support de-escalation and reduce the need for restrictive interventions. Early feedback from staff and service users had been positive, and formal evaluation of the pilot was ongoing. For older adult services, the Committee noted the implementation of the SafeWards model on a pilot ward. AB advised that SafeWards principles had been embedded to improve communication, strengthen therapeutic relationships and reduce conflict. Initial feedback had been encouraging, and further roll-out was being considered.

The Committee noted the establishment of a divisional dashboard to provide daily oversight of enhanced levels of care across inpatient services. This dashboard had been reviewed through daily touchpoint meetings, enabling early identification of risk, improved escalation and consistent oversight of restrictive practices.



AB further highlighted the role of revised policies and training in supporting safe and proportionate practice. The Committee noted that the Therapeutic Observation and Engagement Policy had been ratified and that training had been rolled out across services. Particular emphasis had been placed on trauma-informed care, proportionality and the use of restrictive interventions only as a last resort.

The Committee welcomed the strengthened assurance processes, including thematic reviews of incidents, auditing of Positive Behaviour Support plans (particularly within Learning Disabilities services), and plans to introduce more regular triangulated reporting at divisional level.

During discussion, the Committee commended the clarity of the report and the focus on continuous improvement. The Committee emphasised the importance of maintaining an appropriate balance between patient safety and the reduction of restrictive practices, noting the complexity of need within inpatient services.

The Committee:

- **NOTED** the report and the progress made in reducing and monitoring restrictive practices.
- **AGREED** that further updates would be brought to future meetings on evaluation outcomes and wider implementation.

**ACTION: Chief Operating Officer**

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**Work undertaken to ensure inpatient safety of mental health units and the reduction of waits in the community**

Leanne Watkins (LW), Chief Operating Officer, and Louise Turner (LT), Divisional Director of Mental Health and Learning Disabilities, advised that many of the key issues relating to inpatient safety and performance had already been covered under earlier agenda items, including discussions on performance, quality, safety and activity. LT reminded the Committee of the ongoing work aligned to national inpatient safety standards, including



improvements in care planning, risk assessment, discharge processes and national reporting metrics.

The Committee noted that further work was underway in collaboration with national teams and Welsh Government colleagues to clarify definitions and reporting requirements for inpatient safety metrics. This work aimed to ensure consistency, accuracy and alignment with national expectations.

In relation to community waiting times, the Committee acknowledged that pressures had remained across several service areas and that work was ongoing to address demand, improve pathways and support more timely access to services. LT advised that this work had been closely linked to wider service transformation programmes, including psychological therapies and community-based models of care.

Given the overlap with earlier discussions and the developing nature of the national work, it was agreed that a more detailed report would be brought back to a future Committee meeting once further progress had been made.

The Committee **NOTED** the verbal update provided.

**ACTION: Chief Operating Officer**

**Assurance Report in respect of Mental Capacity Act and DOLS**

Tracey Partridge Wilson (TPW), Deputy Director of Nursing, presented the report to the Committee. TPW advised that significant progress had been made in embedding Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) principles into everyday practice across the Health Board.

TPW reported that a tiered MCA training programme had been implemented, comprising Level 1 training for non-patient-facing staff, Level 2 training for patient-facing staff, and Level 3 workshops for registered clinicians. Training uptake had been strong, with positive feedback indicating improved staff confidence in applying MCA principles.

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The Committee noted that audit activity had demonstrated improvements in the quality of capacity assessments and best-interest decision-making, alongside improved engagement with legal services in complex cases. In relation to DoLS, it was reported that urgent authorisations had been used appropriately, and that proposals to strengthen assessor capacity had previously been presented to the Executive Committee.

The Committee was advised that demand for DoLS assessments had remained high, reflecting national pressures, and that reliance on privately commissioned Section 12 assessments had continued to present cost and capacity challenges. Work had been underway to identify opportunities to make better use of existing clinical assessments to support decision-making and reduce reliance on external provision.

The Committee noted ongoing improvement actions, including monitoring training compliance through ESR, delivering bespoke workshops for teams with lower uptake, embedding standardised MCA documentation templates within the Welsh Nursing Care Record, and strengthening links with safeguarding processes and mortality reviews. TPW further highlighted work to improve accessibility, including the use of easy-read formats and interpreter support.

TPW further advised that, looking ahead, Mental Health officers had been actively engaged with the All-Wales MCA/DoLS network to align training and assurance arrangements and to prepare for the anticipated Liberty Protection Safeguards (LPS) consultation in 2026. The Committee was reassured that preparatory work had been underway to support future implementation once national requirements became clearer.

Paul Deneen (PD), Independent Member, sought clarification on the inclusion of MCA considerations within mortality reviews and on plans to build internal assessment capacity. TPW confirmed that MCA compliance was now routinely considered as part of governance reviews and that further detail on assessment capacity could be brought back to the Committee if required.



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The Committee:

- **NOTED** the Assurance Report and the progress made in strengthening MCA and DoLS compliance.
- **ACKNOWLEDGED** the ongoing challenges associated with demand, backlog pressures and assessor capacity.
- **SUPPORTED** the continued focus on training, audit and system improvements.
- **AGREED** that further updates would be provided as national developments, including the LPS consultation, progressed.

**ACTION: Chief Operating Officer**

### Power of Discharge Sub-Committee

Paul Deneen (PD), Independent Member, advised that the Sub-Committee had met in November 2025 and that the update was provided for information and assurance. PD explained that the Sub-Committee had continued to oversee the effective operation of Hospital Managers' powers of discharge and the associated governance arrangements.

The Committee was informed that feedback from Associate Hospital Managers had been considered, alongside discussion on how discharge processes could be further strengthened. The Committee noted that the Sub-Committee had reviewed the most recent Mental Health Act Compliance information to support ongoing assurance and learning.

PD reported that work had been underway to strengthen governance and oversight arrangements for Associate Hospital Managers, including proposals to introduce a more structured approach to individual review, appraisal and record-keeping. This was intended to ensure that training needs, performance and terms of office were clearly documented and monitored. Training requirements,



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including induction, refresher training and chairing skills, had also been discussed.

The Committee noted the contribution of Mental Health Officers and support staff involved in the operation of the Sub-Committee and acknowledged the importance of the Sub-Committee's role in providing assurance on lawful and timely discharge decision-making.

The Committee **NOTED** the update on the work of the Power of Discharge Sub-Committee.

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

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

The Committee **AGREED** that the following matters should be brought to the attention of the Board and relevant Committees:

- **Mental Health Act developments**, including the forthcoming Mental Health Act Bill, with a detailed update to be scheduled for a future Committee meeting and subsequently escalated to the Board as appropriate.
- **Right Care, Right Person** and associated crisis pathway developments, including sanctuary-type provision and the impact on mental health services, to be monitored and reported back.
- **Psychological Therapies and Neurodevelopmental Services**, recognising sustained demand pressures and the need for continued Board-level awareness of service transformation and workforce implications.
- **National mental health strategy and programme requirements**, including the cumulative impact of national data and assurance requests on operational services.



	<ul style="list-style-type: none"> <li>• <b>Healthcare Inspectorate Wales (HIW) inspection findings</b>, particularly where estate and environmental issues were identified, to ensure wider organisational visibility and assurance.</li> <li>• <b>National Reportable Incidents (NRI)</b>, with a request for a deeper review of NRI processes and performance to be considered by the People, Quality and Safety Oversight Committee (PQSOC).</li> <li>• <b>Mental Capacity Act and Deprivation of Liberty Safeguards</b>, including preparation for the Liberty Protection Safeguards consultation, to remain under review and be escalated as national developments progressed.</li> </ul> <p>The Committee also requested that future reports presented to the Board and Committees include clear explanations of acronyms and terminology to support transparency and accessibility.</p>
<p><b>MHLD/0909/12</b></p>	<p><b>Any Other Urgent Business</b></p> <p>There was no urgent business.</p>
<p><b>MHLD/0909/13</b></p>	<p><b>Date of the Next Meeting:</b> 24 March 2026</p>

