BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN/ANEURIN BEVAN UNIVERSITY HEALTH BOARD

MINUTES OF THE MENTAL HEALTH AND LEARNING DISABILTIIES COMMITTEE

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

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

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

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

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

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

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

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

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

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