

Mental Health Act Monitoring Committee

Tue 13 May 2025, 13:00 - 14:30

Agenda

13:00 - 13:05 **1. PRELIMINARY MATTERS**

5 min

Geraint Hopkins, Vice Chair of Committee

1.1. Welcome and Introductions

Geraint Hopkins, Vice Chair of Committee

1.2. Apologies for Absence

Geraint Hopkins, Vice Chair of Committee

1.3. Declarations of Interest

Geraint Hopkins, Vice Chair of Committee

13:05 - 13:10 **2. CONSENT AGENDA BUSINESS**

5 min

Geraint Hopkins, Vice Chair of Committee

The Committee Chair will ask if there are any items from the Consent Agenda (Item 6) that Committee members wish to bring forward to the main agenda for discussion.

13:10 - 13:30 **3. COMMITTEE GOVERNANCE ARRANGMENTS**

20 min

3.1. Action Log

Discussion Geraint Hopkins, Vice Chair of Committee


 3.1. Action Log MHAMC.pdf (2 pages)

3.2. Matters arising not contained within the action log

Discussion Geraint Hopkins, Vice Chair of Committee

3.3. Committee Annual Report

Decision Emma Walters, Head of Corporate Governance

 3.3. Draft Annual Report MHAMC 13 May 2025 (Cover Report).pdf (4 pages)

 3.3.a. Appendix 1 Draft Annual Report Mental Health Act Monitoring Committee.pdf (6 pages)

3.4. Outcome of Annual Self-Assessment

Discussion Emma Walters, Head of Corporate Governance

 3.4. Outcome - Self -Effectiveness Survey 2024-2025 (3 Responses).pdf (5 pages)

13:30 - 13:40 4. RISK MANAGEMENT ACTIVITY

10 min

4.1. Organisational Risk Register

Discussion Emma Walters, Head of Corporate Governance

- 📄 4.1 Organisational Risk Register MHAMC 13 May 2025.pdf (5 pages)
- 📄 4.1.a. Appendix 1 - Org RR March 2025 - MHAMC.xlsx (1 pages)

13:40 - 14:20 5. GOVERNANCE & ASSURANCE

40 min

5.1. Deep Dive Spotlight- Older Persons Mental Health detentions within RCT area

Discussion Robert Goodwin, Directorate Manager, CAMHs and Specialist Services

- 📄 5.1. Deep Dive Older Persons Detentions (MHAMC 13th May 2025).pdf (14 pages)

5.2. MHA Operational Group Report

Discussion Robert Goodwin, Directorate Manager, CAMHs and Specialist Services

- 📄 5.2 MHA operational group report Q4 April 2025.pdf (15 pages)
- 📄 5.2.a APPENDIX 1 Audit Tool.pdf (2 pages)

5.3. MHA Quarterly Activity Report - Breaches / Analysis of Unlawful Detentions

Discussion Robert Goodwin, Directorate Manager, CAMHs and Specialist Services

- 📄 5.3. MHA Activity & Breaches Report Q4 24-25.pdf (29 pages)

5.4. Risks Relating to Monitoring of the MHA

Discussion Julie Denley, Deputy COO - MH, Primary Care and Community

- 📄 5.4 Risks Related to Monitoring of the MHA Q3 Feb 25.pdf (5 pages)

5.5. Highlight Report - Hospital Managers Provision of Discharge Sub Committee - This Item will now be discussed in the CLOSED In Committee Session

Discussion Helen Lentle, Chair of Provision of Discharge Committee

5.6. Strategic Developments in Wales

Discussion Ana Llewellyn, Nurse Director Mental Health and Learning Disabilities

- 📄 5.6. Mental Health Act Strategic Development in Wales (MHAMC 13 May 2025).pdf (7 pages)

5.7. Strategic Update from Local Authority Partners

Discussion Local Authority Colleagues

- 📄 5.7. Local Authority Update.pdf (3 pages)

14:20 - 14:25 6. CONSENT AGENDA

5 min

6.1. ITEMS FOR APPROVAL

6.1.1. Unconfirmed Minutes of the Meeting held on 19 February 2025

Decision Geraint Hopkins, Vice Chair of Committee

6.2. ITEMS FOR NOTING

6.2.1. Forward Work Programme

Discussion Geraint Hopkins, Vice Chair of Committee

📄 6.2.1. Forward Work Plan MHAMC.pdf (2 pages)

6.2.2. Committee Annual Cycle of Business

Information Emma Walters, Head of Corporate Governance

📄 6.2.2. Annual Cycle of Business Cover Report.pdf (3 pages)

📄 6.2.2.a CTMUHB MHAMC Cycle of Business.pdf (3 pages)

14:25 - 14:30 7. CLOSE OUT BUSINESS

5 min

7.1. Committee Highlight Report

Discussion Geraint Hopkins, Vice Chair of Committee

7.2. Any Other Urgent Business

Discussion Geraint Hopkins, Vice Chair of Committee

7.3. Meeting Feedback

Discussion Geraint Hopkins, Vice Chair of Committee

Is there anything we should do more or less of?

Have we managed our time and allowed open and balanced discussion?

Have we considered our values and acted in a way that supports embedding our values across CTM?

Have we maintained a Strategic Focus?

Have we received sufficient assurance from a range of sources?

Has our discussion allowed us to better understand the risks that we are managing that may affect the achievement of our strategic goals?

7.4. Private/Closed In Committee

Information

The following item will be discussed at the Closed In Committee Meeting:

- Highlight Report - Hospital Managers Provision of Discharge Sub Committee

14:30 - 14:30 8. DATE & TIME OF NEXT MEETING

0 min

Information Geraint Hopkins, Vice Chair of Committee

the action originated from	reference	Reference Page Number	Item Title / Summary	Nature of Action	Lead Officer	Lead Executive	Timescale for action to be completed	Status of Action	Narrative Progress Update
MHAMC September 2024	4,1	3	MHA Operational Group Report	Initiate an investigation to understand the recent increase in errors and explore solutions to address staff pressures and improve training programmes.	Chair, MHA Operational Group	Deputy COO/Director of Primary Community, Mental Health & LD	nov-24	Propose to close	Going forward the operational group will identify the individual responsible for submitting a poorly checked scrutiny form. This will help identify any themes in terms of staff and service pressures. To help with learning.
MHAMC September 2024	5.3.1	4	Risks Related to the Monitoring of the MHA - Update on timescales of hospital place of safety	Operational Group to conduct a comprehensive review of the current room usage within hospital sites	Chair, MHA Operational Group	Deputy COO/Director of Primary Community, Mental Health & LD	aug-25	Open	The current waiting times report for section 136 identifies the number of times each quarter an emergency department or MH place of safety is being used. This includes patient waiting times for assessment. Next step will include identification of individual room usage within each area.
MHAMC February 2025	5.2.1.	5	MHA Quarterly Activity Report – Breaches / Analysis of Unlawful Detentions	To undertake a deep dive into adult mental health detentions within the RCT area and present to the next meeting of the Committee for discussion.	Chair, MHA Operational Group	Deputy COO/Director of Primary Community, Mental Health & LD	mai-25	Open	This item will be shared during the Committee Meeting scheduled for May 2025.
MHAMC February 2025	5.4.	6	South Wales Police - Highlight Report	To request a written update from SWP and circulate to Committee Members outside of the meeting	Corporate Governance Team / South Wales Police		mai-25	Propose to Close	The Corporate Governance Team has emailed South Wales Police in response to the action and sent chaser emails. Will update accordingly As of April 2025 , it was agreed with the Executive Lead and Committee Chair that South Wales Police would present reports on an ad hoc basis due to their frequent attendance at Operational Group Meetings. If escalation is needed, it will be presented to the Committee.
MHAMC February 2025	5,6	6	Strategic Update from Local Authority Partners	Operational Management Board to discuss the issues raised in relation to transport.		Deputy COO/Director of Primary Community, Mental Health & LD	mai-25	Propose to Close	The Service Director Mental Health and Learning Disabilities covered this off in her report to Operational Management Board and will escalate any actions needed as they arise. PROPOSE TO CLOSE

CLOSED ACTIONS: Mental Health Act Monitoring Committee 2025

Name of Meeting: Mental Health Act Monitoring Committee

Committee Chair: Kath Palmer

Date of meeting the action originated from	Minute Item reference	Minute Reference Page Number	Item Title / Summary	Nature of Action	Lead Officer	Lead Executive	Timescale for action to be completed	Status of Action	Narrative Progress Update
MHAMC September 2024	5,2	3	MHA Quarterly Activity Report Breaches Analysis of Unlawful Detentions	Provide updates to the Committee on the progress of the electronic System in future meetings.	Chair, MHA Operational Group	Deputy COO/Director of Primary Community, Mental Health & LD	feb-25	CLOSED	It was agreed to close this action at the February 2025 Committee meeting, However, with further updates to be received within the Risk Report and a separate progress report to be received at a future meeting.
MHAMC September 2024	5,6	6	Strategic Update from Local Authority Partners	Create a slide template for Local Authority representatives to facilitate ongoing review	LA Partners	Deputy COO/Director of Primary, Community, Mental Health & LD	des-24	CLOSED	A template was circulated for use in advance of the meeting.



Agenda Item
3.3

Mental Health Act Monitoring Committee

Mental Health Act Monitoring Committee Draft Annual Report 2024-2025

Dyddiad y Cyfarfod / Date of Meeting	13/05/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Tyler Lewis, Corporate Governance Officer
Cyflwynydd yr Adroddiad / Report Presenter	Geraint Hopkins, Independent Member/Committee Vice Chair
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance / Board Secretary

Pwrpas yr Adroddiad / Report Purpose	For Endorsement
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
(Insert Details)	Click or tap to enter a date.	

Acronyms / Glossary of Terms	



1. Situation / Background

- 1.1 The purpose of this report is to highlight the activities and performance of the Mental Health Act (MHA) Monitoring committee during 2024-2025

2. Specific Matters for Consideration

- 2.1 The Chair of the MHA Monitoring Committee is required to present an annual report outlining its business throughout the financial year to provide the Board with assurances as to scrutiny of performance in relation to meeting the requirements of the MHA 1983.
- 2.2 The MHA Monitoring Committee's draft Annual Report for 2024-2025 is presented at **Appendix 1** for Endorsement.
- 2.3 The Committee Annual Report at **Appendix 1** summarises the key areas of business activity undertaken by the Committee over the past year and highlights some of the key issues which the Committee intend to give further consideration to over the next 12 months.

3. Key Risks / Matters for Escalation

- 3.1 The publication of the annual report demonstrates compliance with the Standing Orders, which stipulates that each Committee is required to submit an annual report to the Board at the end of the reporting year. This needs to set out its activities during the year and detail the results of a review of its performance and any sub-groups established.



4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	Not Applicable
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Learning, Improvement & Research
	If more than one applies please list below:
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Not Applicable
	If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: Not Required
Cydraddoldeb a'r Gymraeg	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>



<p><i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i></p>	<p>Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE</p> <p>Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE</p>	<p>If no, please include rationale below: Not Required</p>
<p>Cyfreithiol / Legal</p>	<p>There are no specific legal implications related to the activity outlined in this report.</p>	
<p>Enw da / Reputational</p>	<p>There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.</p>	
<p>Effaith Adnoddau <i>(Pobl /Ariannol) /</i> Resource Impact <i>(People / Financial)</i></p>	<p>There is no direct impact on resources as a result of the activity outlined in this report.</p>	

5. Recommendation

- 5.1 The Mental Health Act Monitoring Committee is asked to:
- 5.2 **DISCUSS** and **ENDORSE** the Annual Report for submission to the Health Board at its meeting to be held on 29 May 2025.

Cwm Taf Morgannwg University Health Board

Annual Report 2024-2025

Mental Health Act Monitoring Committee

Date:

May 2025

MENTAL HEALTH ACT (MHA) MONITORING COMMITTEE DRAFT ANNUAL REPORT 2024-2025

1. FOREWORD

I am delighted to share the Annual Report for the Mental Health Act Monitoring Committee for the year 2024-2025. This report outlines the Committee's activities and achievements up to March 2025, in accordance with our Terms of Reference.

I would like to express my appreciation to the officers of the Health Board, our Local Authority Partners, and South Wales Police. Their unwavering support and dedication have been instrumental in helping us meet our targets and deadlines.

This year marked a significant change in our committee's leadership. After serving as Chair of the Mental Health Act Monitoring Committee, I transitioned to the role of Vice Chair at the end of December 2024. It is my pleasure to welcome Kath Palmer, Health Board Vice Chair, as the new Chair of the Committee, starting from January 2025.

Throughout the year, the Committee has remained committed to fostering a collaborative culture aimed at enhancing services for the Cwm Taf Morgannwg community. As Vice Chair, I have ensured that our work aligns with the Committee's Terms of Reference and that our efforts are well-coordinated with the Mental Health Act Operational Group.

**Geraint Hopkins,
Vice Chair of the Mental Health Act Monitoring Committee
Cwm Taf Morgannwg University Health Board (CTMUHB)**

2. INTRODUCTION

The MHA Monitoring Committee is chaired by an Independent Member and monitors the Health Board's compliance with the statutory requirements of the MHA. The Committee has continued to evolve with changes to report format and agenda content during the year.

As part of CTMUHB's commitment to openness and transparency, the meeting papers for this Board Committee are routinely published on the CTMUHB [website](#).

The Committee meets on a quarterly basis and, following each meeting, produces a highlight report which is then submitted to the next Board meeting to highlight key issues and risks.

The purpose of the MHA Monitoring Committee is to ensure that all the requirements of the MHA 1983 (as amended) are met by the Health Board.

The Committee considers:

- how the delegated functions under the MHA are being exercised (for example using the Annual Audit) and in line with the 'Code of Practice' requirements
- the multi-agency training requirements of those exercising the functions (including discussing the training report for assurance)
- the operation of the 1983 Act within the Cwm Taf Morgannwg area
- issues arising from the operation of the hospital managers' power of discharge
- suitable mechanisms for reviewing multi-agency protocols / policies relating to the 1983 Act
- trends and patterns of use of the MHA 1983
- cross-agency audit themes and sponsor appropriate cross-agency audits
- lessons learnt from difficulties in practice and the development of areas of good practice.

The Committee is also responsible for developing an annual report for presentation to the Health Board.

3. MEMBERSHIP

The membership of the MHA Monitoring Committee comprises both Independent and Executive Director Members, enabling the Committee to provide appropriate scrutiny and assurance to the Board independently of the management decision-making processes.

Independent membership of the Committee during 2024-2025 was as follows:

Geraint Hopkins (Chair of the Committee until December 2024)	Independent Member (From August 2023)
Kath Palmer (Chair of Committee from January 2025)	Vice Chair (From November 2023)
Dilys Jouvenat	Independent Member (From July 2023 – December 2024)
Helen Lentle	Independent Member (From March 2024)
Hayley Proctor	Independent Member (From February 2025)

4. MEETINGS

The MHA Monitoring Committee met on four occasions during 2024/25 and its forward work programme was reviewed to ensure that issues were appropriately prioritised.

The four dates on which it met during 2024-25 were as follows:

- 5th June 2024
- 4th September 2024
- 4th December 2024
- 19th February 2025

Attendance 2024-2025		5th Jun 2024	4th Sept 2024	4th Dec 2024	19th Feb 2025	Total
Geraint Hopkins (Chair until December 2024)	Independent Member	✓	✓	✓	x	3/4
Dilys Jouvenat	Independent Member	✓	✓	✓	✓	4/4
Kath Palmer (Chair From Jan 2025)	Health Board Vice Chair, Independent Member	✓	✓	✓	✓	4/4
Helen Lentle	Independent Member	✓	x	✓	✓	3/4
Hayley Proctor (Feb 2025)	Independent Member				✓	1/1

All of the above meetings were quorate.

5. MAIN AREAS OF MHAM COMMITTEE ACTIVITY

The agenda for each meeting has followed a standard format in six main parts:

- Part 1 - Preliminary Matters
- Part 2 - Consent Agenda
- Part 3 - Main Agenda
- Part 4 - Governance
- Part 5 - Improving Care
- Part 6 - Other Matters

Part 1 - Preliminary Matters

This section of the meeting provides the standard governance approach within all Board Committees within CTMUHB.

Part 2 - Consent Agenda

This section has included receiving the following:

FOR APPROVAL

- Unconfirmed Minutes of previous Meetings
- Committee Annual Report

FOR NOTING

- Committee Annual Self-Assessment
- Annual Cycle of Business
- Terms of Reference
- Action Log

Part 3 - Main Agenda

This section has included reports throughout the year which included:

- Matters Arising not Contained within the Action Log

Part 4 - Governance

This section has included reports throughout the year which included:

- Organisational Risk Register

Part 5 – Improving Care

This section has included reports throughout the year which included:

- MHA Operational Group – Deep Dives
- MHA Quarterly Activity Report – Breaches / Analysis of Unlawful Detentions
- Risks Relating to Monitoring of the MHA
- Crisis Care Concordat National and Local Update
- Strategic Update from South Wales Police
- Strategic Update from Local Authority Partners

Part 6 – Other Matters

This section has included reports throughout the year which included:

- Committee Highlight Report to Board
- Forward Work Programme
- Any Other Urgent Business

Policies Approved by Committee;

- Policy for Section 140 Mental Health Act 1983
- MH09 Operational Procedure for HM Hearings
- Procedure for allocation of responsible clinicians and nominated deputy, mental health act 1983

Other Reports Presented to Committee;

- Progress report on Power of Discharge Committee
- Crisis Care Concordat National and Local Update

Links with Other Committees/Boards

Where appropriate a process is in place for any relevant matters to be referred to other Board Committees for scrutiny and or action.

6. ACTION LOG

To monitor progress and any necessary follow-up action, the Committee uses an Action Log that captures all agreed actions, and this is reviewed at the beginning of each meeting.

7. GOVERNANCE

The Committee provides an essential element of the overall governance framework for the organisation. The Terms of Reference for the Committee provide a robust commitment to monitor the application of the MHA.

8. ASSURANCE TO THE BOARD

The Committee continued to receive updates regarding ongoing audit work and changes put into place to improve the application of the MHA and work to integrate approaches and policies in relation to the Act have again continued in year.

The MHA Monitoring Committee wishes to assure the Board that on the basis of the work completed by the Committee during 2024-2025, there are effective measures in place to scrutinise and monitor the application of the MHA.

Mental Health Act Monitoring Committee

Committee Annual Self Effectiveness Survey Outcome 2024-2025 & Improvement Plan

Dyddiad y Cyfarfod / Date of Meeting	13/05/2025
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Tyler Lewis, Corporate Governance Officer
Cyflwynydd yr Adroddiad / Report Presenter	Geraint Hopkins, Independent Member/Chair MHAM Committee
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gethin Hughes, Chief Operating officer / Julie Denley

Pwrpas yr Adroddiad / Report Purpose	For Noting
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome

Acronyms / Glossary of Terms	
Nil	

1. PURPOSE

- 1.1 The Chair of the Mental Health Act Monitoring Committee is required to present an annual report to the Board outlining the Committee's business through the financial year to provide an assurance. As part of this process, The Committee are required to undertake an annual self-assessment questionnaire.
- 1.2 Members of the Committee are asked to discuss and review the feedback set out in this report which relate to its activities and performance during 2024-2025
- 1.3 Members should note that 4 responses were received out of a total of 12 which equated to 33%

2. SUMMARY REPORT

COMMITTEE EFFECTIVENESS;

100% of Members/Attendees that responded were aware that: There were approved Terms of Reference in place defining the role of the Committee and were reviewed annually.

All respondents agreed that the Committee had adequate authority and resources to perform its role effectively.

All respondents confirmed that the Committee Annual Report was produced and presented to the Board to ensure alignment with its remit. The 2023-2024 report was approved at the July 2024 Board Meeting. The 2024-2025 report is set for approval by the Mental Health Act Committee in May 2025, before final approval at the May 2025 Board Meeting.

COMMITTEE BUSINESS;

100% of Members/Attendees that responded unanimously agreed that the Committee met frequently enough to address planned matters adequately and that sufficient time was allocated for questions and discussions during the meetings.

All respondents concurred that the Committee Meetings facilitate open and productive discussions.

COMMITTEE BEHAVIOURS, CULTURE AND VALUES;

All respondents agreed that all Members and Attendees of the Committee were courteous and professional.

It was agreed that each agenda item was appropriately concluded, with clear delineation of the conclusions reached during the meetings.

Positive Assurance

	<p>The survey indicated that members and attendees concurred that the committee meetings were chaired efficiently, with clear objectives and outcomes.</p> <p>All respondents indicated that the Committee receives support from the Executive Leads in areas such as attendance, the quality of papers, and responses to challenges and scrutiny.</p> <p>All respondents felt they were adequately trained for their role as an attendee or committee member.</p>
<p>Areas of Note</p>	<p>COMMITTEE BUSINESS;</p> <p>Only 50% of respondents confirmed the establishment of a Committee Annual Cycle of Business to be addressed throughout the year, while 50% indicated they were unaware.</p> <p>75% agreed that Committees were scheduled before important decisions, while 25% found the frequency appropriate.</p> <p>75% of respondents believed private meetings were appropriately held for sensitive items. 25% noted that no private/In Committee meeting had occurred during their tenure.</p> <p>WELSH LANGUAGE;</p> <p>The survey showed that 50% of respondents saw no need for Welsh in the Committee, 25% supported its use, and 25% did not respond.</p> <p>COMMITTEE EFFECTIVENESS;</p> <p>75% of respondents found the experience of conducting remote and virtual meetings to be satisfactory. However, twenty-five percent expressed that certain meetings should be conducted in person, as they believe it would enhance committee cohesion.</p> <p>25% of respondents felt the Committee occasionally exceeded its scope beyond MHA and statutory legal issues, while 75% were satisfied with clearly defined boundaries and appropriate cross referral between this committee and others</p> <p>75% of respondents indicated that the chair provided clear updates on activities and areas of escalation through the highlight report to the Board. In contrast, 25% mentioned they had not reviewed the highlight reports and were therefore unaware.</p> <p>20% of Committee Members said extra training would help their role, while another 20% disagreed. Additionally, 40% noted that they didn't need training but believed others could benefit. The remaining 20% gave no response.</p>

Areas Requiring Further Consideration	<p>Committee Effectiveness - Areas for action/improvement were identified as follows:</p> <ul style="list-style-type: none"> • Committee Annual Cycle of Business • Training
Action Plan	<p>In response to the areas of improvement identified the following actions are proposed:</p> <p>Committee Annual Cycle of Business:</p> <ul style="list-style-type: none"> • Increase awareness among members about the establishment of a Committee Annual Cycle of Business to ensure all planned matters are addressed throughout the year <p>Training:</p> <ul style="list-style-type: none"> • Provide additional training to support the roles of committee members, as 20% expressed that it would be beneficial.
Appendices	Nil

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Not Applicable
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	Not Applicable
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Learning, Improvement & Research
	If more than one applies please list below:
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Not Applicable
	If more than one applies please list below:

Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: Not Required
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: Not Required
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau <i>(Pobl /Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	

5. RECOMMENDATION

5.1 The Committee is asked to **NOTE** the report.



Agenda Item

4.1

Mental Health Act Monitoring Committee

Organisational Risk Register

Dyddiad y Cyfarfod / Date of Meeting	13 May 2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Cally Hamblyn, Assistant Director of Governance & Risk
Cyflwynydd yr Adroddiad / Report Presenter	Emma Walters, Head of Corporate Governance & Board Business
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance / Board Secretary

Pwrpas yr Adroddiad / Report Purpose	For Review
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Service, Function and Executive Formal Review	February / March	RISKS REVIEWED
Operational Management Board	February 2025	ENDORSED RISKS WHERE APPLICABLE FOR ELG
Executive Leadership Group	17 March 2025	MANAGEMENT SIGN OFF RECEIVED

Acronyms / Glossary of Terms	



1. Situation /Background

- 1.1 The purpose of this report is for the Committee to review and discuss the organisational risk register and consider whether the assigned risks have been appropriately assessed.
- 1.2 Following discussion at the previous Committee this update captures all risks escalated to the Organisational Risk Register as assigned to the Mental Health & Learning Disabilities (MHL) Care Group. The Committee are asked to consider which risks they would like to continue to receive at future meetings.

2. Specific Matters for Consideration

Risk Review

- 2.1 Care Groups and Central leads are continuing to review and update their assigned risks considering feedback received from Members in relation to scoring, actions with associated timeframes and ensuring timely reviews.
- 2.2 The Operational Management Board / Chief Operating Officer approves escalation of Care Group risks to the Organisational Risk Register.
- 2.3 The Executive Lead approves escalation of central/core function risks to the Organisational Risk Register.
- 2.4 Risks on the organisational risk register have been updated as indicated in red in Appendix 1.
- 2.5 Please note that the risk updates are captured at the time the Organisational Risk Register being finalised for submission, which on this occasion was the 7 March 2025.

Training

- 2.6 Risk training, although not a core training requirement under the statutory and mandatory framework, has been added to the Electronic Staff Record (ESR) to support staff in registering for training and to support ease of reporting. This is managed by the Quality Assurance and Compliance Team. Interest in the course continues with positive uptake.
- 2.7 The sessions are run by the Assistant Director of Governance & Risk and Heads of Quality and Safety. The session is held virtually via Teams on a monthly basis for a duration of 1 hour and covers the following areas:
- Risk Management Approach
 - Practical Approach to Managing Risk
 - Risk Assessment and Scoring
 - Datix Risk Management Module



- 2.8 To date **771** members of staff trained to date since training commenced in 2021. Based on the Risk Management Awareness Training Needs Analysis all attendees completed Training Profile 2.
- 2.9 Focussed sessions to discuss risk have also been undertaken with Care Group Leads and other departments/directorates as required.
- 2.10 108 attendees have provided formal feedback (using the URL Code for the Evaluation Form, which was introduced in November 2023). The average rating for the course is 4.80 out of a maximum score of 5.
- 2.11 100% of the 108 attendees providing formal feedback found that:
- The session provided the right amount of information.
 - They gained more confidence and knowledge in risk management having attended.
 - They would recommend this training to a colleague.
- 2.12 98% of the 108 attendees providing formal feedback said they felt more confident to escalate a risk through the organisation.
- 2.13 Some of the recent comments from the session in June, received through evaluation, have been included below:
- *"This course was extremely useful being new to risk assessments in CTM it was the right amount of content/information and well delivered"*.
 - *"yes, would like all qualified nurses be aware how to do this. ... training, well rounded, concise and very informative"*

3. Key Risks / Matters for Escalation

3.1 NEW RISKS

Mental Health and Learning Disabilities Care Group

- Datix Risk ID 4973- Clinical Medical Cover within CTM Adult Mental Health Services. New risk escalated March 2025. Risk Score of 16.

3.2 CHANGES TO RISKS

Risk Score Increased

Nil as assigned to this Committee.

Risk Score Decreased

Nil as assigned to this Committee.

3.3 CLOSED RISKS REMOVED FROM THE ORGANISATIONAL RISK REGISTER

Nil as assigned to this Committee.



3.4 ORGANISATIONAL RISK REGISTER – VISUAL HEAT MAP BY DATIX RISK ID (RISK RATED 15 AND ABOVE)

Consequence	5			3337		
	4				5646 4973	
	3					4691
	2					
	1					
	CxL	1	2	3	4	5
Likelihood						

3.5 EMERGING RISKS

Nil as assigned to this Committee.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM /Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM /Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Resilient Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Learning, Improvement & Research
	If more than one applies please list below:
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality	Safe
	If more than one applies please list below:



(Duty of Quality Statutory Guidance (gov.wales))	
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
Ansawdd Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality Have you undertaken a Quality Impact Assessment Screening?	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: Not required for the Organisational Risk Register. Individual risks may have been subject to QIA.
Cydraddoldeb a'r Gymraeg Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? / Equality and Welsh Language Have you undertaken an Equality and Welsh Language Impact Assessment Screening?	Yes: <input checked="" type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: Not required for the organisational Risk Register. Individual risks may have been subject to an Impact Assessment.
Cyfreithiol / Legal	Yes (Include further detail below) See detail captured for each risk	
Enw da / Reputational	Yes (Include further detail below) See detail captured for each risk	
Effaith Adnoddau (Pobl /Ariannol) / Resource Impact (People / Financial)	Yes (Include further detail below) See detail captured for each risk	

5. Recommendation

5.1 The Committee are asked to:

- **Review** the risks escalated to the Organisational Risk Register at Appendix 1.
- **Consider** whether the Committee can seek assurance from the report that all that can be done is being done to mitigate the risks
- **Consider** what risks the Committee would like to see at each meeting in reference to those captured in Appendix 1.

6. Next Steps

6.1 The Organisational Risk Register will be submitted to the relevant Board and Committees.

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
Date ID	Strategic Risk owner	Care Group / Service Function	Identified Risk Owner/Manager	Strategic Goal	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (Current)	Heat Map Link (Consequence X Likelihood)	Rating (Target)	Trend	Opened	Last Reviewed	Next Review Date
1473	Chief Operating Officer	Mental Health Care Group	Care Group Service Director	Improving Care	Patient / Staff /Public Safety	Clinical Medical Cover within CTM Adult Mental Health Services	<p>IF: CTM Mental Health Service fails to implement adequate senior medical cover across adult in-patient and CMH services</p> <p>Then: The Health Board's ability to provide quality care, a safe environment for patients and a good standard of training for junior doctors will be reduced and potentially compromise the safety of patients and staff</p> <p>Resulting In: sub-optimal care to patients, inability to discharge its legal duties under the Mental Health Act, due to insufficient numbers of suitably skilled and experienced Approved Clinicians. Junior doctor supervision will be reduced which may affect future recruitment, patient safety/experience compromised and staff well being will be poor</p>	<p>Functional inpatient model in place with 3 consultants to cover. Redeployment out of the service and resignation has led to a further depleted workforce and cover will reduce to two consultants from January 2025 with additional middle grade support.</p> <p>Rehabilitation service is at a critically low level with urgent closure of one service needed. Redeployment from inpatients to Rehabilitation of Incur has had knock on effect on inpatients.</p> <p>Difficulty recruiting to locum posts due to introduction of rate card and need to have Welsh AC approval. Permission to go out to non-DE has been provided.</p> <p>Weekly cover rota going out to inpatients and rehab wants to ensure all are aware of the cover arrangements.</p> <p>Two PAs recruited to Rehab and IP in Jan/March 2025 which will free up senior time</p> <p>The Adult Directorate is managing medical staffing through "relocated active" procedures with daily scrutiny and communication pressures and counter measures to release the Consultant body.</p> <p>Daily reviews with Retinue on the availability of staff</p>	<p>Substantive jobs which are new posts are being developed and advertised.</p> <p>Substantive and significant programme of work running alongside this in the Medical Workforce Productivity in place.</p> <p>International recruitment drive looking to recruit two Specialty Doctors to Inpatients and Rehab in August 2025.</p>	Quality, Safety & Experience Committee Operational Delivery Committee	14 (C4xL4)	C4xL4	12 (C4xL3)	↔		13.02.2025	30.04.2025
5646	Chief Operating Officer	Mental Health Care Group	Care Group Service Director	Improving Care	Patient / Staff /Public Safety	The impact of "Right Care Right Person" (RCRP) approach	<p>IF: South Wales Police (SWP) implement Right Care Right Person</p> <p>Then: In some circumstances the Health Board will not be able to routinely call upon SWP to assist with people in mental health crisis with social care issues, for example, missing patients, welfare checks and supervising people who are detained on S136 Mental Health Act.</p> <p>Resulting In: Increased risks to our staff and the people who use our services.</p>	<p>Multi-agency planning meetings have been arranged to review policies.</p> <p>This is an emerging picture and one which the Health Board are developing a fuller mitigation against, it is also a picture which has a gradual phased roll out over the next year</p> <p>Nurse Director for the Care Group will be drafting a report for Operational Management Board later in the month but timelines have not allowed for this at submission to the Organisational Risk Register.</p>	<p>Update March 2025 Risk reviewed no change</p> <p>Phases 3+4 implementation date 10/03/25</p> <p>Stakeholder event attended by CTM leaders 07/02/25</p> <p>RCRP Health Board Regional Position meetings with SBuHB and C+V UHB continue.</p> <p>RCRP is M&LD Care Group top investment priority in 2025/26 DMT</p> <p>RCRP monthly meetings continue (latest 14/02/25)</p>	Quality, Safety & Experience Committee Mental Health Act Monitoring Committee	14	C4xL4	12 (C3xL4)	↔	08.12.2023	13.02.2025	31.05.2025
3337	Chief Operating Officer Linked to RTE Risk 4813 and M&C 4817. Also linked to 4804.	Central Support Functions: Digital & Data Director of Primary Care and Mental Health Services	Lead Infrastructure Architect Interim Partnerships and Strategic Planning Lead for Mental Health and Learning Disability Services	Creating Health	Patient / Staff /Public Safety	Lack of a Single Electronic Patient Record in Mental Health Services	<p>IF: Mental Health Services do not have a single integrated clinical information system that captures all patients details.</p> <p>Then: Clinical staff may make a decision based on limited patient information available that could cause harm.</p> <p>Resulting In: Compromised safety of patients, potential avoidable harm and compromised safety for staff in the workplace.</p>	<p>Control measures updated September 2023.</p> <p>1. A PID has been developed which outlines the processes, resources and timelines sought - this to be discussed in September Programme Board.</p> <p>2. The Business Case to be refreshed on the back of the PID once approved. It will need to identify additional staff resource required to progress the disaggregation process to bring all CTM&H staff who currently use WCCIS via local authority over to CTM&H WCCIS platform. Requires Programme Board approval.</p> <p>3. Business case to be progressed following Board approval.</p> <p>4. A new M&LD Care Group risk will be developed relating to the operational mitigations required in the interim to support safe communication and this will be held by the High Quality Clinical Record group, part of the Inpatient Improvement Programme.</p>	<p>Update March 2025 - Update provided by the Director of Digital, confirmed that the implementation period of the Single Record Programme is Jan-July 2027. The programme board will be convened in April 2025 and the tender will be awarded by the end of 2025.</p> <p>Risk reviewed no change</p>	Quality, Safety & Experience Committee Operational Delivery Committee	15	C5xL3	6	↔	07.11.2018	13.02.2025	31.05.2025
4691	Chief Operating Officer Linked to RTE Risk 4803, 4799, 3273 and 3019.	Mental Health Care Group	Interim Partnerships and Strategic Planning Lead for Mental Health and Learning Disability Services	Sustaining Our Future	Operational: • Core Business • Business Objectives • Environmental / Estates Impact • Projects Including systems and processes, Service/business interruption	New Mental Health Unit	<p>IF: Mental health inpatient environments fall short of the expected design and standards.</p> <p>Then: Care delivered may be constrained by the environment, which is critical to reducing patient frustration and incidents as well as presenting more direct risk as a result of compromised observations.</p> <p>Resulting In: Compromised safety of patients, potential avoidable harm and compromised safety for staff in the workplace and extended lengths of stay.</p>	<p>A Quality Improvement programme in relation to inpatient care has started and a work stream in relation to Safe and Therapeutic Environments has been established with the aim of optimising the patient experience. Inaugural workshop took place on the 26th April.</p> <p>Assistant Director of Strategic Transformation - Mental Health has commenced in post. This new role will lead a range of strategic programmes including recommencing a capital business case for a new Mental Health Unit.</p> <p>Annual revisiting of all patient ligature risks and completion of Statement of Needs via capital process for any ligature risks assessed as needing resolution.</p> <p>All anti ligature works planned for 2022 - 2023 have now been completed.</p> <p>A scoping document case is to be prepared and submitted to WG.</p> <p>Inpatient Improvement Programme established April 2023</p>	<p>Update March 2025 - Still Awaiting a feasibility review on Mental Health inpatient space that will support the mitigation for this risk. Care Group Director engaging with the Capital Team on progressing this at present. No change to risk score at this stage.</p>	Quality, Safety & Experience Committee Operational Delivery Committee	15	I5 (C3xL5)	6 (C3xL2)	↔	15.06.2021	13.02.2025	31.05.2025



Agenda Item

5.1

Mental Health Act Monitoring Committee

Deep Dive into Older Peoples MHA Detentions

Dyddiad y Cyfarfod / Date of Meeting	13/05/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Robert Goodwin, Directorate Manager, CAMH's & Specialised Services
Cyflwynydd yr Adroddiad / Report Presenter	Robert Goodwin, Directorate Manager, CAMH's & Specialised Services
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Julie Denley, Executive Director of Primary Care, Community & Mental Health

Pwrpas yr Adroddiad / Report Purpose	For Review
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Forum Individuals	Date	Outcome
MHA Operational Group	25/04/2025	Noted

Acronyms / Glossary of Terms	
MHA	Mental Health Act
CTMUHB	Cwm Taff Morgannwg University Health Board
IMTP	Integrated Medium Term Plan

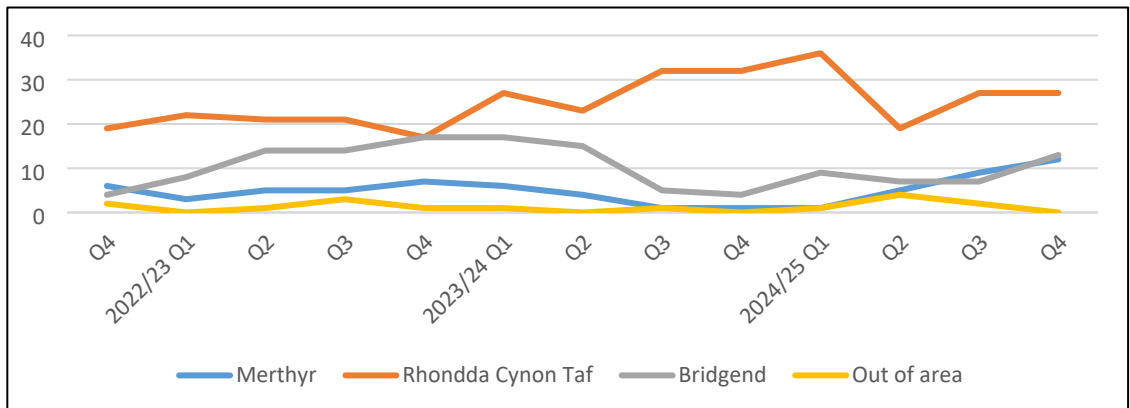
1. Situation /Background

At the meeting of the Mental Health Act Monitoring Committee on 19th February 2025 the Group carefully considered the information within the Mental Health Act activity group report. This showed a rise in Older Peoples detentions during Q1 2024/25 particularly in the Rhondda Cynon Taff (RCT) area. The Operational Group was asked to complete a “deep dive” into these detentions using Statistical Process Control (SPC) charts to help show any prominent variation. In completing this work support was provided from the Care Group’s Information Team, the Older Peoples Directorate Leadership Team and members of the Operational Group.

2. Specific Matters for Consideration

2.1 Timeline of MHA detentions for Older People within each locality.

Graph 1 – Older People – Variance of detentions 2022-2025



The graph above had been updated to include the Q4 information for each locality within CTMUHB. MHA detentions had risen sharply to Q1 2024/2025 in the Rhondda Cynon Taf locality. Detention activity had subsequently fallen back to near the 2021/2024 Mean. Detentions in the Merthyr Tydfil locality had also risen sharply through 2024/2025 significantly exceeding the Mean for 2021/2024 in Q4.

Table 1 – Older People – Variance of detentions 2022-2025

Locality	Mean 2021/24	Q4 2024/25
Merthyr	5	12
RCT	25	27
Bridgend	10	13
Out of area	1	0
Total	41	52

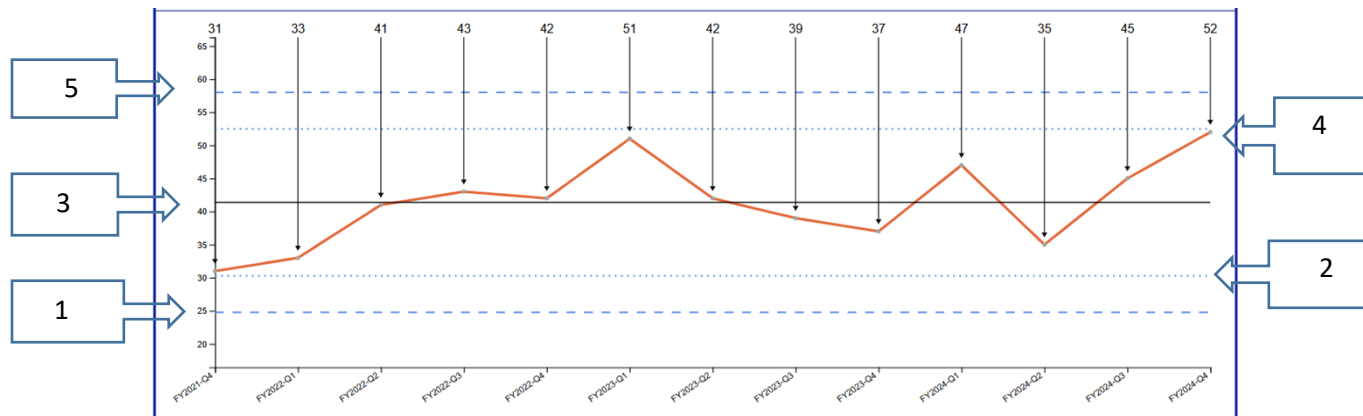
2.2 Timeline of MHA detentions for Older People within each locality using Statistical Process Control charts (SPC)

The use of SPC charts as a tool to consider variation in the use of the MHA is new to members of the Operational Group. The legend below shows how the warning and control limits are identified on the graphs below.

Statistical Process Control (SPC) Chart Legend

1. Lower Control Limit (LCL): This is the lower threshold beyond which the process is considered out of control.
2. Lower Warning Limit (LWL): Similarly, this line is set between the central line and the lower control limit. It acts as an early warning that the process might be approaching the lower control limit.
3. Central Line (CL): This represents the average or mean value of the data.
4. Upper Warning Limit (UWL): This line is set between the central line and the upper control limit. It serves as an early warning that the process might be approaching the upper control limit.
5. Upper Control Limit (UCL): This is the upper threshold beyond which the process is considered out of control.

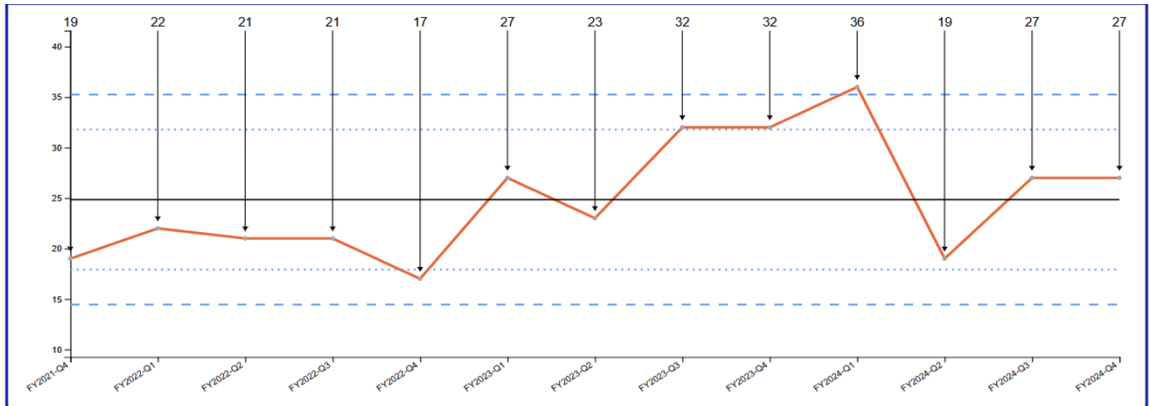
Graph 2 – Total Older Peoples MHA Detentions for CTMUHB (SPC)



The graph shows that overall, within CTMUHB detention activity for Older People has remained stable since Q2 2022/2023.

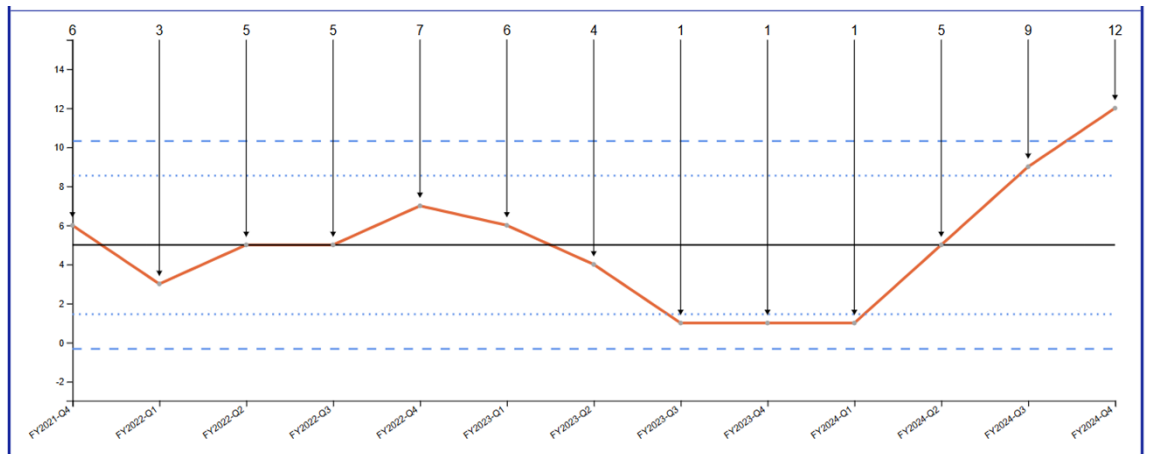


Graph 3 – Total Older Peoples MHA Detentions for Rhondda Cynon Taff (SPC)



The Q1 2024/2025 activity has exceeded the upper control limit with 36 detentions. This number of detentions was not sustained with levels subsequently remaining within upper and lower warning limits. Senior clinical colleagues were unable to identify specific reasons for the rise other than it may have been a busy period. There were not understood to be any particular medical staff changes which could have affected this temporary rise. Further information on activity in each of the three Community Teams serving the Rhondda Cynon Taff area is described later in the report.

Graph 4 – Total Older Peoples MHA Detentions for Merthyr Tydfil (SPC)

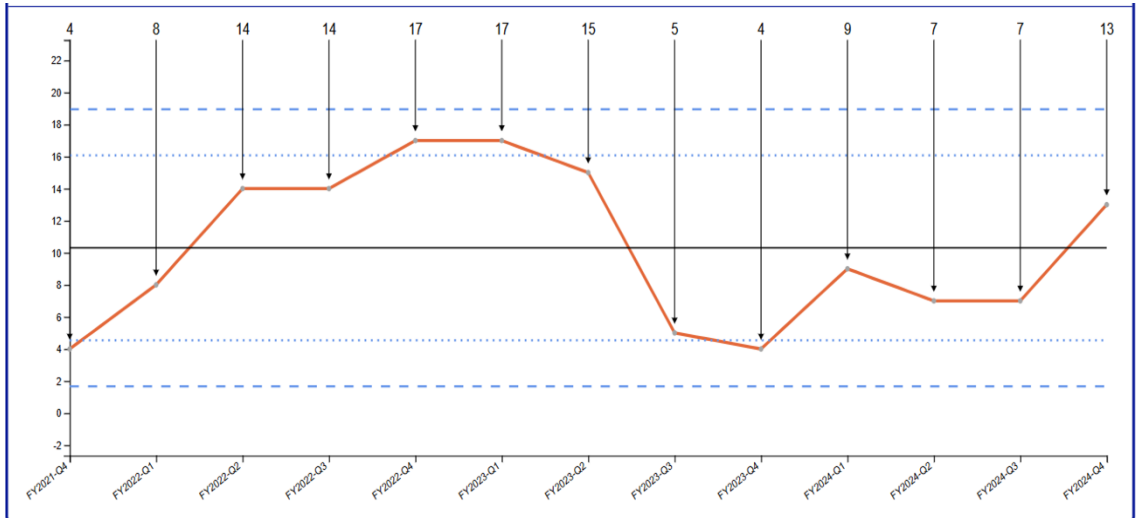


The number of detentions reached the upper control limit with 12 recorded in Q4 2024/2025. This compares with a Mean number of 5 detentions in each quarter. Senior clinical colleagues were unable to identify specific reasons for this rise and will help to monitor individual activity should these



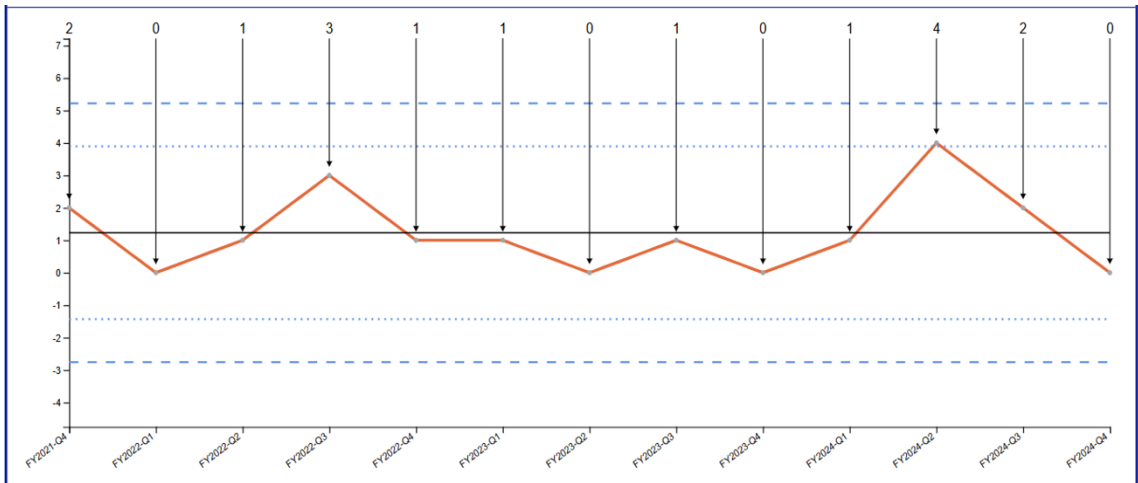
high levels be sustained going forward. It was noted that a proportion of the 12 detentions in Q4 were renewals of an existing detention.

Graph 5 – Total Older Peoples MHA Detentions for Bridgend (SPC)



The graph shows a period of increased activity between Q2 2022/2023 & Q2 2023/2024 rising above the upper warning limit in Q4 2022/2023 and Q1 2023/2025. Activity levels have reduced in the subsequent period but have started to rise in Q4 2024/2025.

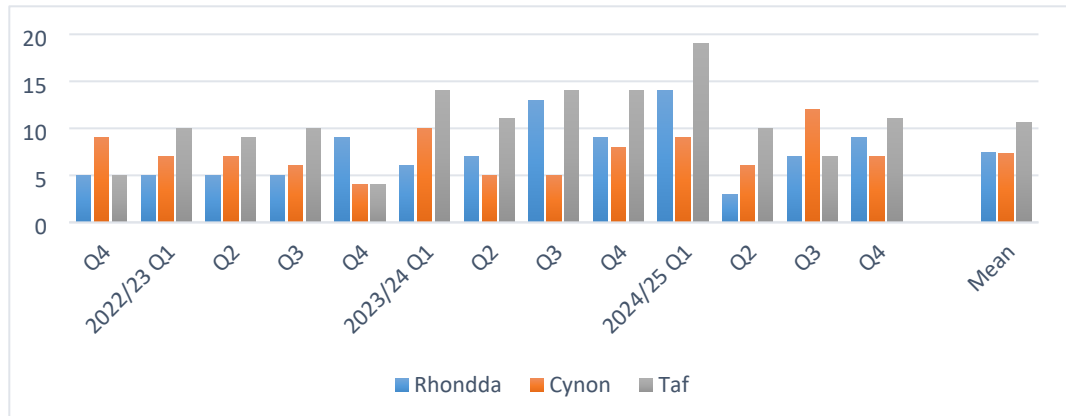
Graph 6 – Total Older Peoples MHA Detentions for Out of Area (SPC)



2.3 Timeline of MHA detentions for Older People for each of the three Community Teams serving Rhondda Cynon Taff.

The aim was to determine if there was variation between the teams beyond that which would be expected from the size of the area they served. Going forward the Operational Group would be able to apply the SPC tool to this information.

Graph 7 – Total Older Peoples MHA Detentions for the 3 Community Teams within Rhondda Cynon Taff

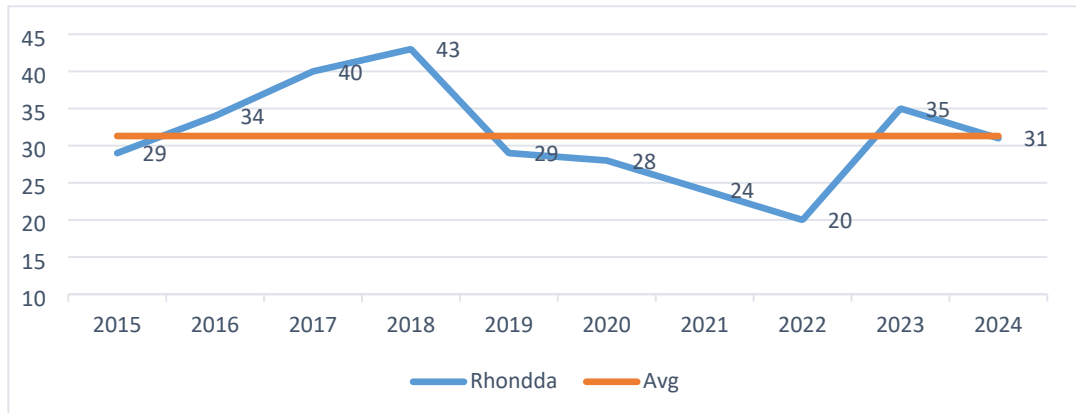


The greater number of detentions for the Taff Community Team reflected its size with 1.6 WTE Consultant Psychiatrists. The Rhondda and Cynon Teams are served with 1 WTE established Consultants in each Team. Colleagues were unable to identify the precise population size being served each of the Community Teams at this stage.

Information on the detention timeline for each of the three Community Teams serving the Rhondda Cynon Taff area was considered for the period 2015/2016. The Mental Health Act Team had been able to provide a longer timeline to look at this specific issue.

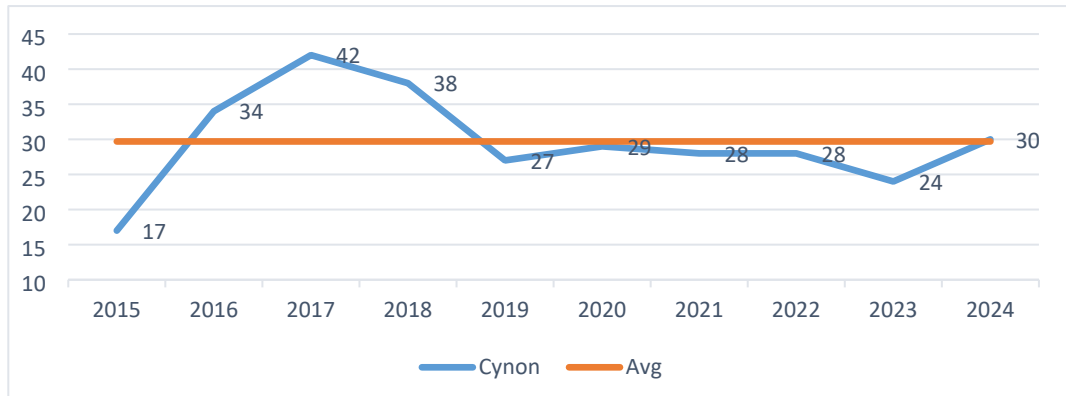


Graph 8 – Total Older Peoples MHA Detentions for Rhondda locality 2015-2024



Detentions in the Rhondda Community Team reduced during the covid pandemic and have since returned to Mean levels.

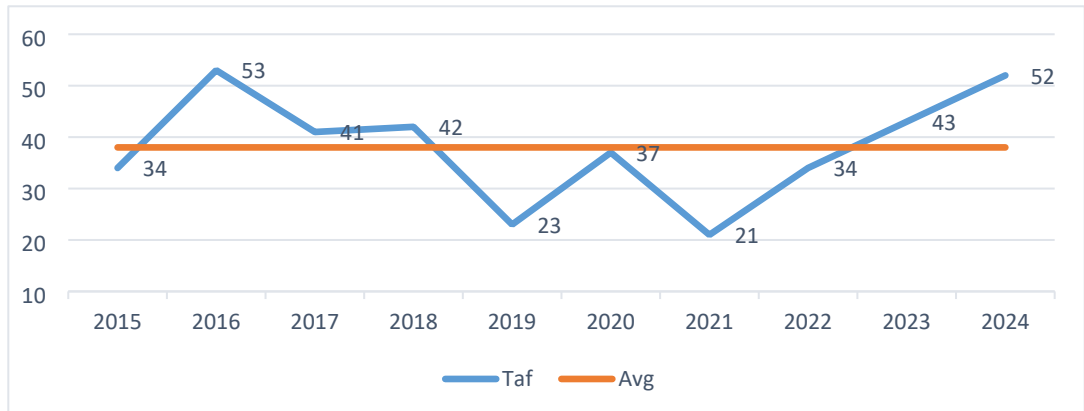
Graph 9 – Total Older Peoples MHA Detentions for Cynon locality 2015-2024



Detentions in the Cynon Community Team have remained stable since 2019/2020.



Graph 10 – Total Older Peoples MHA Detentions for Taff locality 2015-2024



Detentions have started to rise in the Taff Community Team in 2023/2024 and 2024/2025. The rise in 2024/2025 will have contributed to the Q1 increase evidenced in the SPC charts for the Rhondda Cynon Taff area.

2.4 Benchmarking Information on Older Peoples MHA detentions and bed numbers based on the 2023/2024 census

The Operational Group wanted to compare detentions in CTMUHB with those across the UK and Wales. This was achieved by looking at the 2023/2024 benchmarking census.

Graph 11 – Number of admissions under Mental Health Act Section in 2023/2024 – Older People –per 100k ONS resident population – all UK organisations



The CTMUHB detentions (red column) are on the UK Mean distribution and within the upper and lower control limits.

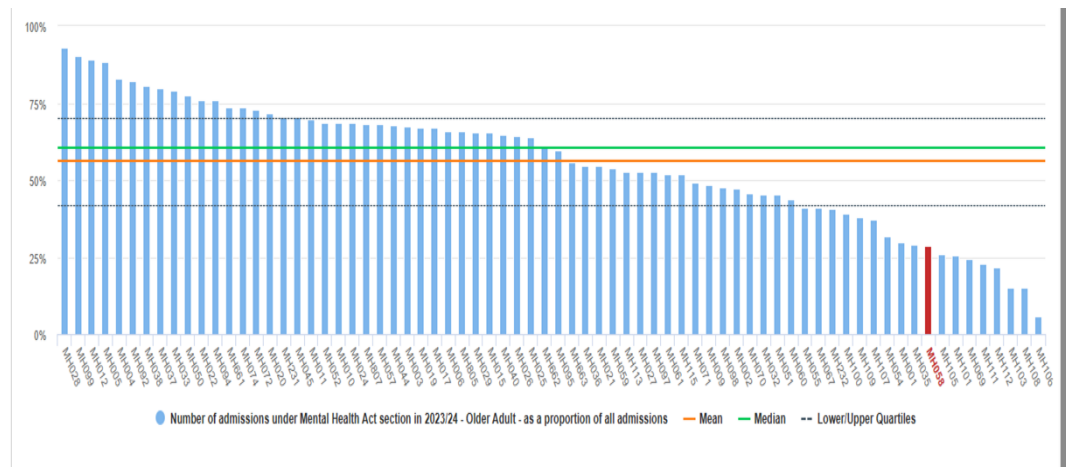


Graph 12 – Number of admissions under Mental Health Act Section in 2023/2024 – Older People – per 100k ONS resident population – Welsh Peer Group



The CTMUHB detentions for Older People was 5th lowest when compared with our Welsh Health Board peers. The number was close the Mean and within the upper and lower control limits.

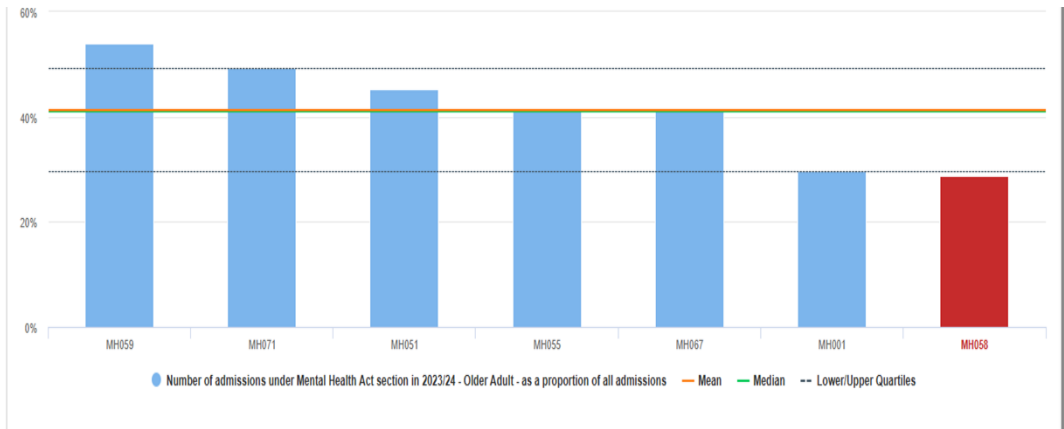
Graph 13 – Number of admissions under Mental Health Act Section in 2023/2024 – Older People – as a proportion of all admissions – all UK organisations



CTMUHB detentions as a proportion of admissions were 9th lowest amongst UK wide participant organisations.

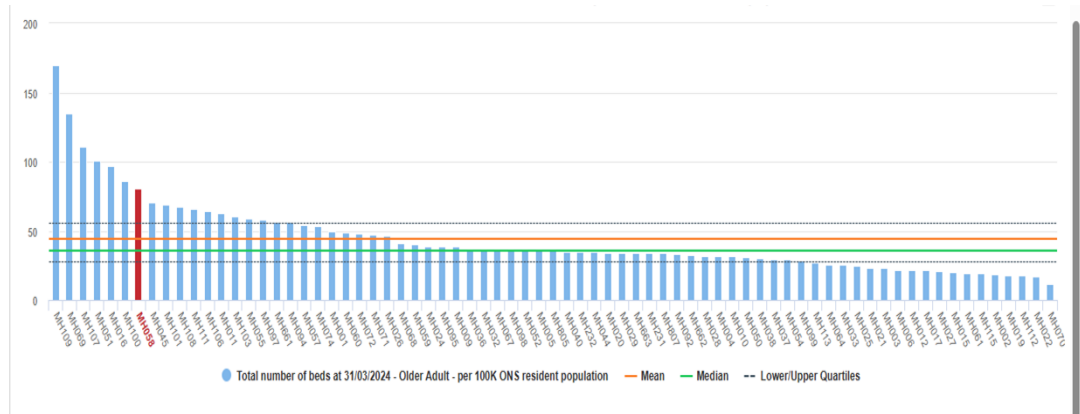


Graph 14 – Number of admissions under Mental Health Act Section in 2023/24 – Older People – as a proportion of all admission – for Welsh Peer Group



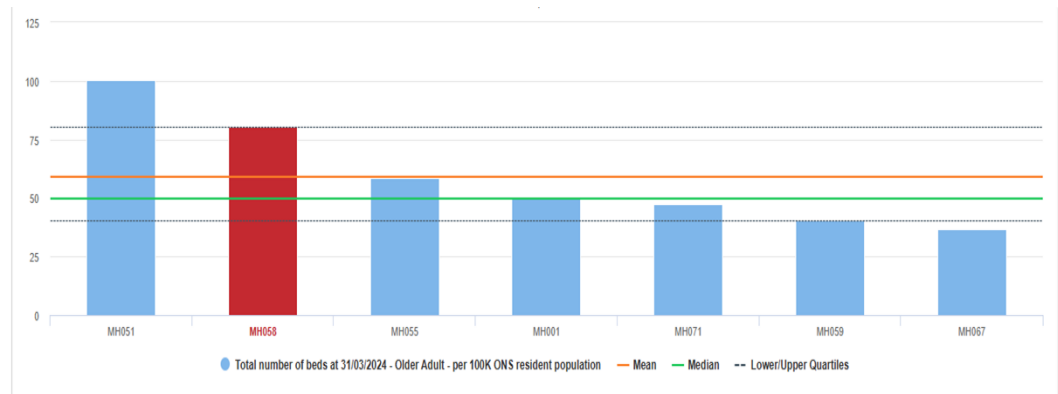
Within Wales the number of detentions as a proportion of admissions shows CTMUHB to be the lowest amongst its peer group.

Graph 15 – Total number of beds at 31/03/2024 – Older People – per 100k ONS resident population – all UK organisations



The graph shows CTMUHB as having high numbers of beds when compared with UK wide participant organisations. Bed numbers are above the upper control limit.

Graph 16 – Total number of beds at 31/03/2024 – Older People – per 100k ONS resident population – for Welsh Peer Group



The graph shows CTMUHB as having high bed numbers when compared with its Welsh peers and at a level equal to the upper control limit.

3 Key Risks / Matters for Escalation

In summary the information presented above shows;

- Whilst the number of Rhondda Cynon Taff detentions exceeded the upper control limit in Q1 2024/2025 this was not sustained and returned to Mean levels. Senior clinical colleagues were unable to identify specific reasons for the rise other than it may have been a busy period. There were not understood to be any particular medical staff changes which could have affected this temporary rise.
- The upper control limit for Merthyr Tydfil detentions was breached in Q4 2024/2025. Senior clinical colleagues were unable to identify specific reasons for the rise other than it may have been a busy period. There were not understood to be any particular medical staff changes which could have affected this temporary rise. It was noted that a proportion of the 12 detentions in Q4 were renewals of existing detentions. Should this increase be sustained there may be a need to seek senior clinical colleague support in reviewing individual detentions.
- In relation to detentions in the three Community Teams serving the Rhondda Cynon Taff area a recent rise above Mean levels was noted for the Taff Community Team. These have risen to 52 in Q4 2024/2025 against a Mean of 34. Senior clinical colleagues were unable to identify specific reasons for the rise other than it may have been a busy period. There were not understood to be any particular medical staff changes which could have affected this temporary rise. Should this increase be sustained there may be a need to seek senior clinical colleague support in reviewing individual detentions.

- The benchmarking information shows CTMUHB to have average numbers of detentions when compared with UK wide organisations and with its Welsh peers. The data shows low levels of detentions as a proportion of total admission. This could indicate higher levels of inpatient bed provision. This is confirmed when reviewing the bed number census information which shows CTMUHB as having the 7th highest number of beds per 100k population when compared with UK organisations.

4 Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A More Equal Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd <i>(Canllawiau Statudol</i> <i>Dyletswydd Ansawdd</i> <i>(llyw.cymru)) /</i> Link to Enablers of Quality <i>(Duty of Quality</i> <i>Statutory Guidance</i> <i>(gov.wales))</i>	Data to Knowledge
	Learning, Improvement & Research
Dolen i Feysydd Ansawdd <i>(Canllawiau Statudol</i> <i>Dyletswydd Ansawdd</i> <i>(llyw.cymru)) /</i> Link to Domains of Quality	Safe
	If more than one applies please list below: Effective Equitable Person Centred



<i>(Duty of Quality Statutory Guidance (gov.wales))</i>		
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable	
	If more than one applies please list below:	
Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: To be included in work plan for the Operational Group.
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: To be included in work plan for the Operational Group.
Cyfreithiol / Legal	Yes (Include further detail below)	
	Those related to the Health Boards legal responsibilities in applying the Mental Health Act 1983.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau <i>(Pobl /Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	

5. RECOMMENDATION

5.1 The Mental Health Act Monitoring Committee is asked to **NOTE** the report and the following actions:

- The Operational Group will continue to monitor detention levels in our Older Peoples Mental Health Services particularly in the Rhondda Cynon Taff and Merthyr Tydfil areas. This will include consideration of activity within the local Community Teams.
- The review of bed utilisation is a central part of the Older Peoples Mental Health Services redesign programme. This is being progressed within the Care Group by the Directorate Management Team and will be reported to Improving Care Board through regular IMTP updates.



Agenda Item

5.2

Mental Health Act Monitoring Committee

MENTAL HEALTH ACT OPERATIONAL GROUP REPORT

Dyddiad y Cyfarfod / Date of Meeting	13/05/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Robert Goodwin, Directorate Manager, CAMH's & Specialised Services
Cyflwynydd yr Adroddiad / Report Presenter	Robert Goodwin, Directorate Manager, CAMH's & Specialised Services
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Julie Denley, Executive Director of Primary Care, Community & Mental Health

Pwrpas yr Adroddiad / Report Purpose	For Review
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)

Committee / Group / Forum Individuals	Date	Outcome
MHA Operational Group	25/04/2025	

Acronyms / Glossary of Terms

MHA	Mental Health Act
AMHP	Approved Mental Health Practitioner
EDT	Emergency Team
SWP	South Wales Police
CAMH's	Child and Adolescent Mental Health Service
IMHA	Independent Mental Health Advocacy



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

AWOL	Absent Without Leave
SOAD	Second Opinion Appointed Doctor



1. Situation /Background

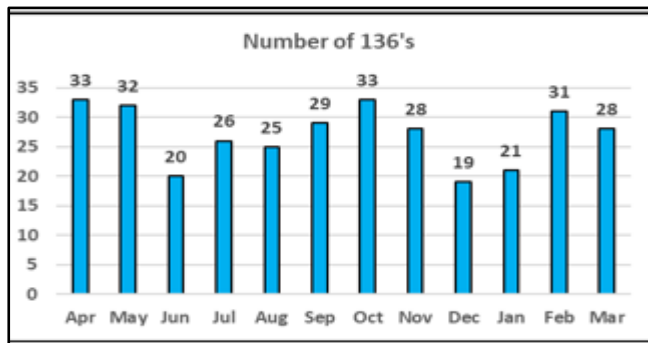
1.1 The Operational Group has met on one occasion since the last meeting of the Mental Health Act Monitoring Committee which took place 19th February 2025. The meeting on 25th April 2025 was well attended with representatives from across Adult Mental Health Services, CAMHs, Mental Health Act Team, Social Services, IMHA Service and South Wales Police.

2. Specific Matters for Consideration

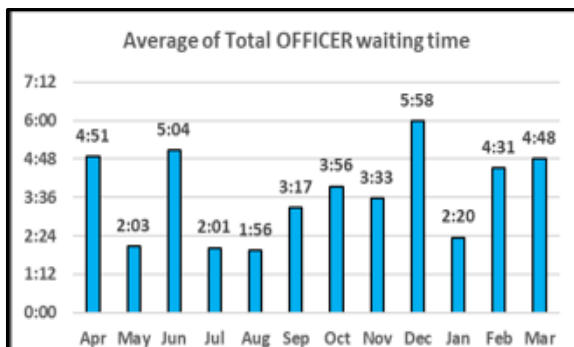
2.1 Waiting Times for Section 136 Assessments April – March 2025

The Operational Group has been working with South Wales Police colleagues to obtain information on waiting times for Section 136 Assessments. The information displayed below has been obtained from the South Wales Police App and the Mental Health Act Team within the Health Board. The information identifies the number of assessments together with police and patient waiting times for completion of the assessment.

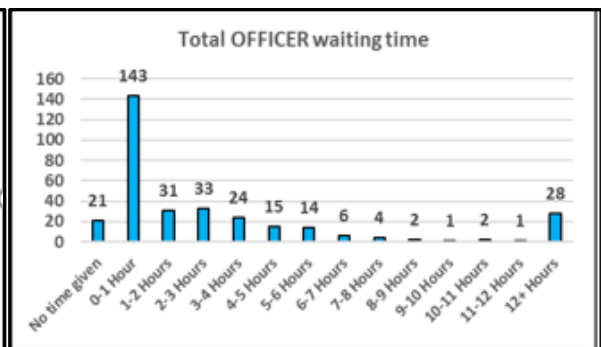
Graph 1. Total No. of Section 136 Detentions



Graph 2. Average of Total Officer Waiting Time



Graph 3. Total Officer Waiting Time

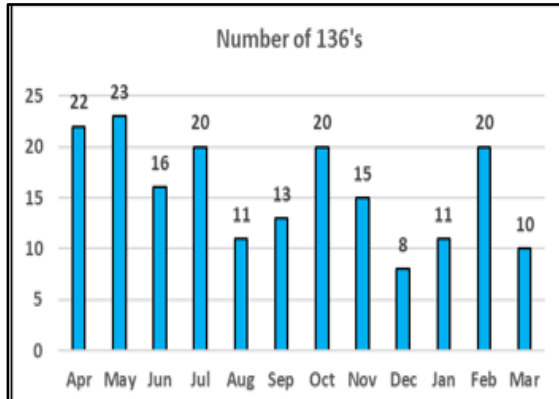


Graph 2 above shows a small rise in average total officer waiting times. Graph 3 shows 164 Section 136 applications having Police waits of less than 1 hour over the year. There were 161 Section 136 applications who waited longer than 1 hour, 88 of whom waited less than 4 hours. The Group discussed the need to clarify contact arrangements with the local Police who had been advised to call the helpline 111#2 to indicate that they were bringing a patient into the service for assessment.

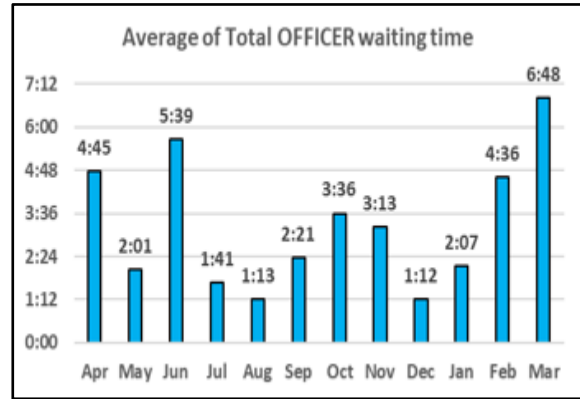


Place of Safety is the Health Board Access Point;

Graph 4. Total No. of 136 Detentions



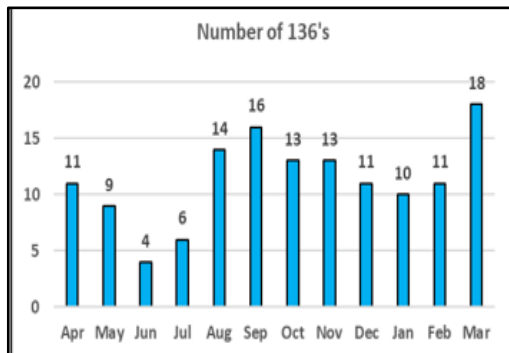
Graph 5. Average of Total Officer Waiting Time



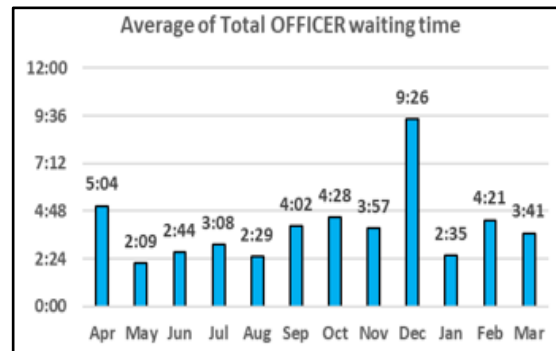
On a small number of occasions, the Police left the place of safety before the assessment had been undertaken. On each occasion this was mutually agreed between the Police and Mental Health Service staff.

Emergency Department is the Health Board Access Point;

Graph 6. Total No. of 136 Detentions



Graph 7. Average of Total Officer Waiting Time



The total officer waiting times in Emergency Departments had reduced in March with the main delays continuing to be intoxication and medical concerns.

2.2 South Wales Police roll out of "Right Care Right Person"

The Group considered the recent implementation of Phase 3 (Transportation of Patients) and Phase 4 (Section 136 and Police Handover) which were being supported by regular Partner briefings and local practitioner meetings.

In relation to the transportation of patients the South Wales Police have confirmed they will not routinely convey patients with physical or mental health concerns.

The Police will use the WAST clinical desk to support decision making and a Senior Officer will ratify decisions to use a Police vehicle. The Mental Health and Learning Disabilities Care Group has reviewed the existing secure transport arrangements and developed a hierarchy of providers who can be contacted to commission individual journeys. It has been agreed that the Health Board's Crisis Teams will be the point of contact in relation to this.

The Joint Commissioning Committee have completed a Mental Health transport and conveyance review which has identified some themes which include the development of a national approach to triaging transport and conveyance requirements and the development of interagency principles in relation to the commissioning and delivery of services. The improved use of 111#2 by partner agencies for rapid mental health opinion to help prevent unnecessary journeys was also identified as a theme.

Phase 4 includes timely assessment allowing for the early handover of care from the Police to the Health Board. The South Wales Police have committed to a joint review of Section 136 and 135 policies. The Police have recognised the need to make effective use of the 111#2 professionals line to help in the decision-making process in relation to Section 136. The photograph below shows Kathryn Rich the Team Leader for 111#2 at a recent briefing session with SWP Inspectors.



2.3 Mental Health Act Activity Report Q4, January - March 2025

The Group considered the Q4 activity report and the "deep dive" into Older Peoples detentions which were the subject of separate reports to the Committee. The Group noted that on three occasions the Adolescent bed in Royal Glamorgan Hospital had been used in Q4 and noted the recent transfer of this facility to Ward 14 in the Princess of Wales Hospital. 2 of these admissions had occurred for Adolescents who were transitioning into Adult Services without evidence of transition planning. The Group welcomed the development of the new transition policy which would need to be co-produced with Local Authority colleagues. It

was noted that Local Authority transition planning often begins from 16 years. In Health this begins when the Adult passes 17 ½ years of age.

The Group considered the use of Section 136 with 7 of the 78 patients in the quarter being under the age of 18. Just 11 of the 78 patients were discharged without any further mental health follow up. The Group considered the use of Section 5(2) Doctors Holding Powers and in particular when this had been applied on more than one recent occasion to an individual. The Mental Health Act Team confirmed second use of Section 5(2) for the same patient on five occasions in the Royal Glamorgan Hospital between February 2024 and January 2025. There was a single such use of the Section in the Princess of Wales Hospital during the period. The Group agreed to closely monitor the second use of Section 5(2) for individuals going forward and to question whether detention under the Act should have been considered rather than informal admission.

The Group also reviewed the use of Section 62 Emergency Treatment which had risen in recent months. In March 2025 it was used on six occasions following the lapse of the three-month deadline to complete the statutory Consent to Treatment forms following detention. This may have been due to delays in the deployment of a SOAD. There were two occasions when patients had transferred into our service from another Health Board requiring the generation of a new Consent to Treatment form. It was agreed that the reason for the use of Section 62 would be included in future MHA activity reports.

2.4 Mental Health Act Errors and Breaches Q4, January - March 2025

The number of minor rectifiable errors had increased from 6 in Q3 to 8 in Q4. 3 relating to completion of the AMHP HO2 form, 3 relating to medical HO4 and HO8 forms and 2 relating to the nursing HO14 form. It was pleasing that there were no fundamentally defective errors for the third quarter in a row.

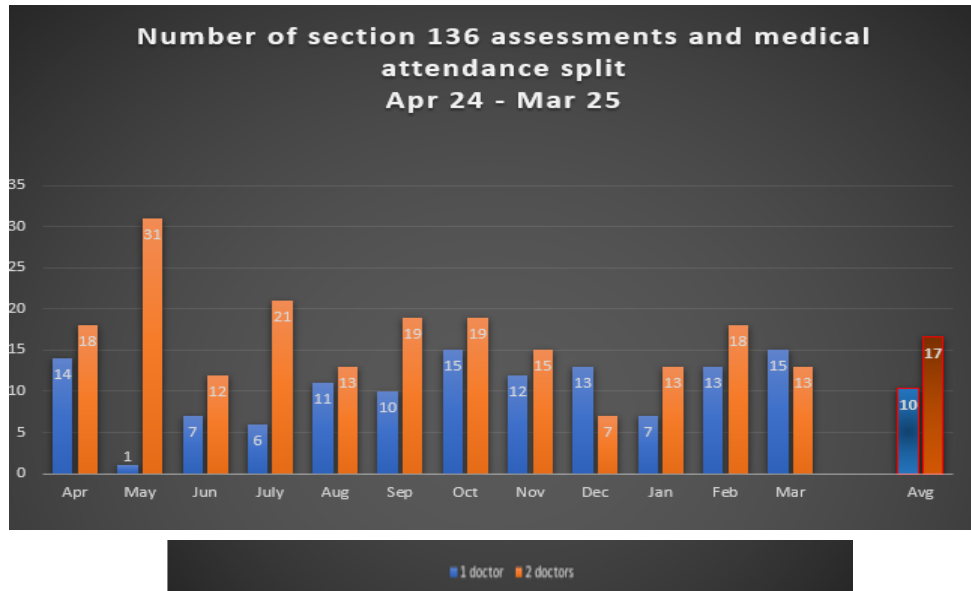
2.5 Place of Safety Facilities in the Health Board

The Group considered the Place of Safety arrangements in Prince Charles Hospital. Proposals had been developed to ensure local Crisis team staff were able to accompany AMHP's when the Prince Charles Hospital Emergency Department was being used as a Place of Safety. The Prince Charles Hospital place of safety is on the Care Group's Risk Register. The Health Board's recent bid against the Welsh Government Targeted Estates Fund had been successful for this scheme. A timetable will be confirmed with the Estates Department.

2.6 Medical Attendance at Section 136 Assessments

The Medical Workforce Efficiency Group has asked the Mental Health Act Operational Group to monitor medical attendance at Section 136 assessments. The graph below shows the high number of assessments in which a second doctor was used. This contrasts with relatively low numbers of patients who are detained following assessment and who require a second doctor as part of the assessment process.

Graph 8. Number of section 136 assessments and medical attendance – monthly 2024



In March 2025 14 of the 15 assessments completed with one doctor took place out of hours. 10 of these assessments were discharged with community follow up and 4 discharged with no follow up. 9 of the 13 assessments completed by two doctors in March 2025 took place out of hours. 6 of these were detained, 1 discharged with community follow up and 2 discharged with no follow up. 4 of the 13 assessments were completed within hours. 2 of these were detained, 1 discharged with follow up and 1 discharged with no follow up. This information was being shared with Consultant colleagues in their regular Senior Medical Staff meeting in order to help raise awareness and promote the effective deployment of assessing doctors.

2.7 Section 117 Aftercare - Review of Registers

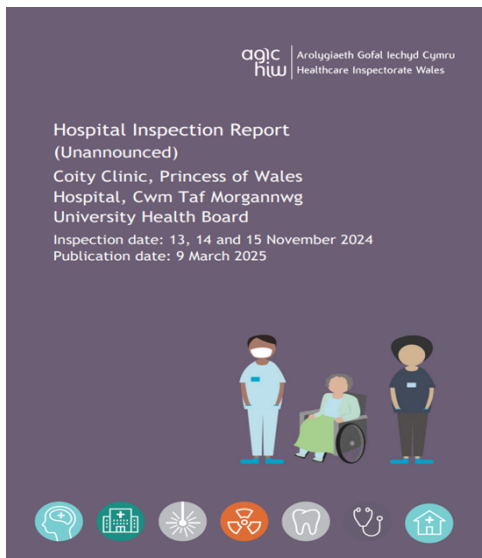
The Code of Practice for Wales defines the purpose of Section 117 as meeting a need arising from the patient's mental health disorder or to reduce the risk of deterioration. The Mental Health Act Team have with partners developed a procedure to ensure the effective maintenance of the register. This was agreed in the Operational Group at the meeting on 7 November 2024 and at the Executive Management Board on 25th November 2024. Work to validate the register is continuing with a delay in the Adult Taff Ely CMHT being attributed to administration shortages. This has been escalated within the Care Group.

Work has already begun on developing the audit tool which can be finalised for use once work on the register has been completed.

2.8 Review of Section 135

The Group had established a sub group to review the use of Section 135. The Code of Practice describes "Police powers to remove to a place of safety" in Section 10. The Operational Group considered the draft audit proforma (Appendix 1) which would be finalised with Partners before the end of April 2025. The aim was to complete the first audit in May 2025 with the outcomes being reported into the next Mental Health Act Monitoring Committee.

2.9 HIW unannounced visits to Coity Clinic, Princess of Wales Hospital – November 2024



This was a very positive visit to Coity Clinic with very many position comments in relation to the Mental Health Act and its Code of Practice.

Dignified and Respectful Care;

"The Health Board was required to ensure where possible that the environment meets the requirements of the Mental Health Act 1983 - Code of Practice for Wales (2016) regarding designated gender specific areas and toilet facilities on both wards"

"The Health Board must develop a policy in line with best practice guidelines that ensures the safety, privacy, dignity and rights of patients can be maintained throughout the mixed gender wards as well as keeping patients of the same gender safe in dormitories".

The Adult Mental Health Directorate has since the visit installed clear signage for gender specific areas in the two mixed wards. A Health Board wide single sex accommodation policy has been drafted and is proceeding through the ratification process.

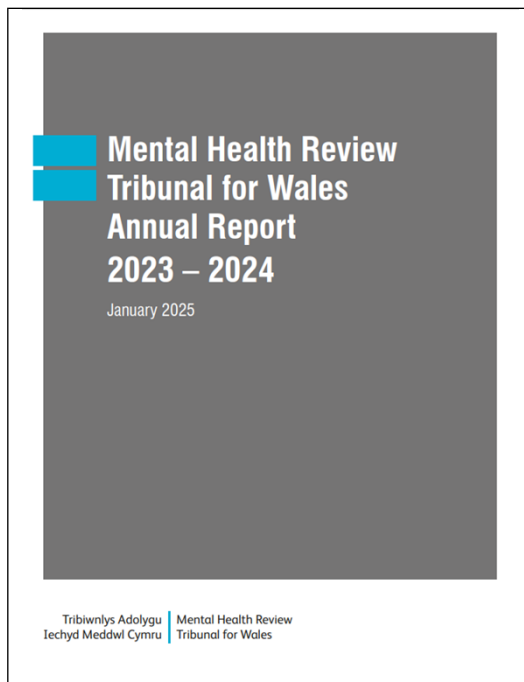
Mental Health Act Monitoring;

"The records were well organised and easy to navigate. Clear reasons were being documented to evidence why detention under the Act was the most appropriate way of providing care for patients. We saw capacity assessments were being stored alongside consent to treatment certificates for each patient which we noted as good practice. Good arrangements were in place to document Section 17 leave appropriately. We saw that leave was being suitably risk assessed and that the forms determined the conditions and outcomes of the leave for each patient.

The Mental Health Act Administrator was knowledgeable and available to support staff. The administrator was undertaking quarterly audits of the legal documentation to monitor compliance with statutory requirements”.

HIW also visited Ward 7, Ysbyty Cwm Cynon on 28th January 2025. The report following the visit is expected shortly.

2.10 Mental Health Review Tribunal for Wales Report 2023/2024



There is regular contact between our Mental Health Act Team and the Tribunal Office to ensure the system works well. The annual report includes the following link to the Tribunal rules;

[www.mentalhealthlaw.co.uk/Mental Health Review Tribunal for Wales Rules 2008](http://www.mentalhealthlaw.co.uk/MentalHealthReviewTribunalforWalesRules2008)

The report outlines the role of the Legal Member, the Medical Member and the Lay Member. It confirms that between 1st April 2023 and 31st March 2024 the Mental Health Review Tribunal for Wales received 1798 referrals for a Tribunal Hearing. Over this period there were no requests to the President for permission to appeal to the upper Tribunal.

2.11 The Mental Health Act Training

The Group considered the training provided by HIW at a recent Mental Health Act Administrators Day in November 2024. There were valuable presentations on the role of HIW (Appendix 2).



A presentation on the role and function of the Second Opinion Appointed Doctor (SOAD) was also delivered in the training session (Appendix 3). The AMHPs were delivering regular multiagency training sessions on the Mental Health Act and

targeted events on the use of Section 135 for staff on our inpatient wards. A proposal for the funding of regular Mental Health Act training sessions for our staff and Partners had been submitted to the Mental Health and Learning Disabilities Care Group for consideration.

2.12 Hospital Managers Power of Discharge Committee Meeting

The Group reviewed the minutes of the Power of Discharge Committee held on Wednesday 16th April 2025. This was the subject of a separate report to the MHA Monitoring Committee. The Group noted the revised governance arrangements and the provision of training to Hospital Managers to help them better understand the possible impact of trauma on refugees who may have requested a Hearing.

2.13 Independent Mental Health Advocacy Q4 (January-March 2025)

It was pleasing to note that the number of referrals had increased to 197 in Q4 from 172 referrals Q3. The report describes the range of formal and informal awareness raising sessions delivered by the IMHA Service. High levels of service user satisfaction were reported. A number of positive outcomes were recorded for example those in relation to support provided in discharge planning. The need for capacity assessments to be regularly reviewed was also identified.

2.14 Operational Policy Review

The MHA team had made very good progress on the review of Operational Policies. The Health Board's Risk Assessment Tool had been applied to each of the approved policies. A list of ratified and policies subject to review is shown in Table 2 below.

Table 2. Schedule of Mental Health Act Operational Policies and their approval

REF NUMBER	TITLE	LEAD PERSON	PROGRESS
MH04	Community Treatment Policy	AT	Agreed In Operational meeting 15/10/2021. Ratified in MHAMCM- 04/12/2023
MH06	Section 5(4)	AT	Agreed in the Operational Group 27/01/2023 Ratified in MHAMCM- 04/12/2023
MH07	Section 5(2)	JB	Agreed in the Operational Group meeting 28/04/2023 Ratified in MHAMCM- 04/12/2023
7MH08	Consent to Treatment Sec 58 and Sec 58a	AT	Agreed in the Operational Group meeting 28/04/2023. Ratified in MHAMCM- 04/12/2023



MHA117	Section 117 Policy	JB	Agreed in the Operational Group meeting on 28/07/2023 Ratified in MHAMCM - 04/12/2023
MH12	Section 17 leave policy	JB	Agreed in the Operational Group meeting 26/01/2024 Ratified in MHAMCM- 06/03/2024/
MH28	Hospital Managers Scheme of Delegation	AT	Agreed in the Operational Group meeting 26/01/2024 Ratified in MHAMCM- 06/03/2024
MH17	Section 132&133 patients rights' procedure	JB	Agreed in the Operational Group meeting 26/01/2024 Ratified in MHAMCM- 06/03/2024
MH09	Hospital Managers Operational Procedure	JB	Agreed in the Operational Group meeting 26/01/24. Ratified in the MHAMCM- 05/06/2024
New	Section 140 Policy	RG	Agreed in the Operational Group meeting 26/01/2024. Ratified in the MHAMCM 05/06/2024
New	Allocation of Responsible Clinician	AT	Agreed at the Operational Group meeting on 07/11/2024. Ratified in the MHAMCM on 19/02/2025.
New	Standard Operating Procedure for S117	AT	Agreed at the Operational Group meeting on 07/11/2024. Ratified in the Executive Management Board on 25/11/2024.
MH03	Section 136		Awaiting Police to update national policy
MH02	Section 135(1) Section 135(2)		Awaiting Police to update national policy

AGREED

 FOR REVIEW

2.15 Operational Group Work Plan

The group considered a proposed work plan including the following items:

Table 3. Operational Group Work Plan

Activity	Progress	Timescale
Service user feedback	Advocacy Support Cymru to circulate CTO Questionnaire involving the patients care coordinator.	August 2025
Policy Work	Completion of a revised Section 135 / 136 policy incorporating changes as a result of "Right Care Right Person". The South Wales Police are leading on this.	June 2025
Deep Dive into Older Peoples Detentions	Review the timeline of detentions in order to identify and understand where levels fell outside the normal range.	May 2025
Review of the Section 135	Following development of the audit proforma review use of Section 135 and report back to the Committee.	July 2025
Review of Section 117	An audit tool will be developed to measure our Service against the standards within the Code of Practice and our local policy. Prior to this the 117 register needs to be fully cleansed.	August 2025
Quality Impact Assessment	Screening exercise to be completed by the Operational Group.	June 2025
Equality and Welsh Language	Impact assessment screening to be completed by the Operational Group.	May 2025

3 Key Risks / Matters for Escalation

3.1 South Wales Police roll out of "Right Care Right Person"

The Operational Group continue to monitor patient and police waiting times for Section 136 and new arrangements have been put in place in relation to the co-ordinating role of the Crisis Teams. Stakeholders have promoted a partnership approach to the development of the Section 136 Policy being led by the South Wales Police.

3.2 Progress on improvements to the Prince Charles Hospital Place of Safety

New arrangements have been agreed in relation to Crisis Team staff accompanying the AMHP when a Section 136 presents. The Health Board's recent bid against the Welsh Government Targeted Estates Fund had been successful. A timetable will be confirmed with the Estates Department.

3.3 Section 117 Aftercare – review of registers

A procedural guideline has been developed with partners to ensure the introduction of a robust process for managing the Section 117 Aftercare register. Once the register has been checked for accuracy the Operational Group will coordinate an audit against Code of Practice standards.

3.4 Increased use of Section 62

The Operational Group will continue to closely monitor the use of these emergency provisions and will ensure the reason for each emergency treatment is recorded in future Mental Health Act activity reports.

3.5 Medical Attendance at Section 136 assessments

The Operational Group has been asked to consider the above and has identified an increase in the number of occasions when 2 medical staff attend for the purposes of a Mental Health Assessment. 2 medical recommendations are only required when a patient is detained under the Mental Health Act. Following awareness raising the number of 2 doctor assessments had reduced. It was hoped this would have an impact on reducing waiting times for assessment. The Operational Group will continue to monitor this.

3.6 Mental Health Act Errors and Breaches

It was very pleasing that the Health Board had not seen any fundamental breaches since July 2024. This improvement has been delivered through a focus on training, Mental Health Act checklists and regular governance reviews.



4 Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A More Equal Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</i> Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Data to Knowledge
	Learning, Improvement & Research
Dolen i Feysydd Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</i> Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Safe
	If more than one applies please list below:
	Effective
	Equitable
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	Person Centred
	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: To be included in work plan for the Operational Group.



Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: To be included in work plan for the Operational Group.
Cyfreithiol / Legal	Yes (Include further detail below)	
	Those related to the Health Boards legal responsibilities in applying the Mental Health Act 1983.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau <i>(Pobl /Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	

5. RECOMMENDATION

5.1 The Mental Health Act Monitoring Committee is asked to note the work of the MHA Operational Group.

6. APPENDICES – Appendix 2 & 3 referred to in the report are available on request.

135 Audit Tool

Date:				Area:			
Name of Person Completing the Form:				Local Authority Area:			
135 (1)							
1. Was there a delay in the application to the court?	Yes	No	6. Which place of safety was used?	Police custody	Service User's home		
If Yes – please state reason for delay				Crisis Suite POW	Other, please state:		
				Crisis Suite RGH			
				Crisis Suite PC			
2. Was a warrant issued by the Court?	Yes	No	7. What transport was used?	WAST	St Johns Ambulance		
If No – please state reason why				Private Ambulance	Police		
3. Was the warrant executed within the 3 month time frame?	Yes	No		Other, please state:			
4. If No – is there evidence of the warrant being returned to the courts?	Yes	No	8. Outcome	Informal admission	Detention		
5. Was there a delay in the execution of the warrant?	Yes	No		Discharge			
If Yes, please select the relevant option	Transport availability	Police	9. Has a copy of the warrant been left with the admitting hospital?	Yes	No		
	Availability of beds	Availability of medical staff					
	Availability of AMHP	Service user not present at address					
	Other please state:						

Date:				Area:			
Name of Person Completing the Form:				Local Authority Area:			
135 (2)							
1. Who made the application to the Courts?	Health Professionals	Police	AMHP	6. Who was present to execute the warrant?	Health Professional	Police	AMHP
2. Was the application granted by the Court?	Yes	No			Member of the care team (CoP 16.20 states under CTO, service users should have a member of the care team present)		
3. Was there a delay in the execution of the Warrant?	Yes	No		7. What transport was used?	WAST	St Johns Ambulance	Private Ambulance
If Yes, please select the relevant option	Transport availability	Police	Availability of Beds		Police	Other, please specify:	
	Availability of AMHP	Availability of Medical staff	Service user not at present address				
4. Who executed the warrant?	Health Professional	Police	AMHP				



Agenda Item

5.3

Mental Health Act Monitoring Committee

**MHA Activity Report with Breaches and Errors for
Quarter 4 (Jan - Mar 2024/25)**

Dyddiad y Cyfarfod / Date of Meeting	13/05/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Mrs Alison Thomas – MHA Manager Jeremy Burgwyn - MHA Team Lead
Cyflwynydd yr Adroddiad / Report Presenter	Mr Robert Goodwin – Directorate Manager, CAMHS and Specialist Services
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gethin Hughes, Chief Operating Officer

Pwrpas yr Adroddiad / Report Purpose	For Noting
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group /Forum Individuals	Date	Outcome
MHA office staff/ MHA Operational Meeting	25/04/2025	Supported

Acronyms / Glossary of Terms	
MHA	Mental Health Act



MHAA	Mental Health Act Administrators
CTMUHB	Cwm Taf Morgannwg University Health Board
SBUHB	Swansea Bay University Health Board
C&VUHB	Cardiff & Vale University Health Board
ABUHB	Aneurin Bevan University Health Board
HDUHB	Hywel Dda University Health Board
PTHB	Powys Teaching Health Board
CAMHS	Child & Adolescent Mental Health Services
CTO	Community Treatment Order
RC	Responsible Clinician
AC	Approved Clinician
AMHP	Approved Mental Health Professional
CoPW	Code of Practice for Wales
PICU	Psychiatric Intensive Care Unit
RGH	Royal Glamorgan Hospital
PCH	Prince Charles Hospital
POW	Princess of Wales Hospital
RCT	Rhondda Cynon Taf
CMHT	Community Mental Health Team
LSSA	Local Social Services Authority



1. Situation /Background

- 1.1 The purpose of this report is to present activity data including errors and breaches regarding the application of the Act within CTMUHB. This report presents the MHA activity to the MHA Monitoring Committee in respect of Q4 (Jan - Mar 2024/25).
- 1.2 Section 15 of the Act allows for the rectification of statutory detention documentation completed by Doctors and AMHPs within 14 days of admission to hospital. While the minor errors are defined by "principal de minimus" (meaning they are immaterial and too small to be of any consequence), the fundamental errors (breaches) are more serious and require further attention and scrutiny to ensure that lessons are learned and the breach does not reoccur.
- 1.3 The report covers Adult, Older Persons Mental Health and CAMHS managed by CTMUHB.
- 1.4 This activity is monitored in the MHA Operational Group, which is supported by the MHA Administration team.
- 1.5 A Glossary of terms is attached for ease of reference (Appendix 2.)

2. Specific Matters for Consideration

- 2.1 This quarterly MHA activity report is distributed to members of the MHA Operational Group Meeting and is considered at individual Clinical Service Group Quality & Risk meetings. Trends are monitored to highlight and manage any risks to the organisation.

2.2 Adult Detentions

Please note percentage changes are not given for low figure detentions as the percentage result can be misleading i.e. 1 to 2 would be a 100% increase.

Q4 saw a decrease in adult detentions of 10.3% from 116 in Q3 to 104 in Q4. The use of Section 5 holding powers also decreased this quarter with Section 5(2) use by 21% from 19 in Q3 to 15 in Q4. Section 2 detention have fallen slightly by 9% from 66 in Q3 to 60 in Q4. Section 3 detentions have also fallen by 21% from 19 in Q3 to 15 in Q4. The only increase seen is with out of area detentions which have gone up slightly from 6 in Q3 to 8 in Q4.

Use of Section 5(4) nurse's holding power decreased from 3 in Q3 to 2 in Q4. One was used on PICU, RGH and the other was on Ward 14 in POW. Both were subsequently held under Section 5(2) within the six- hour timeframe.



There was one Section 4 emergency detention this quarter. This was on Ward 14 in POW and was converted to section 2 the same day.

Graph 1

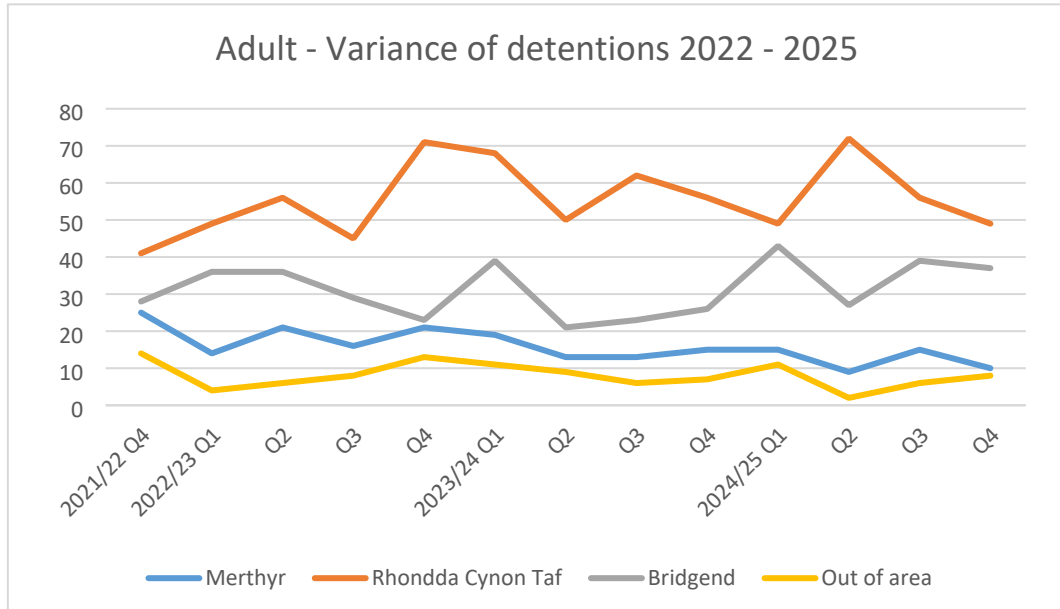


Table 1

Locality	Mean 2021/24	Q4 2024/25
Merthyr	16	10
RCT	56	49
Bridgend	31	37
Out of area	8	8
Total	111	104

Baseline mean to Q4 shifts as follows:

- In Merthyr detentions decreased from the mean by 6 (37.5%) from 16 to 10
- In RCT detentions decreased from the mean by 7 (12.5%) from 56 to 49
- Bridgend detentions increased from the mean by 6 (19.3%) from 31 to 37



- Out of area was equal to the mean at 8 detentions.

2.3 Older Persons Detentions

The total number of detentions in Older Persons services increased by 15.5% from 45 in Q3 to 52 in Q4.

There were 2 uses of Section 5(4) this quarter. One was applied on Seren ward in RGH and the other on Ward 2 in Angelton Clinic. Both were regraded the same day, 1 to Section 3 and 1 to Section 5(2). The variance between the localities is shown below:

Graph 2

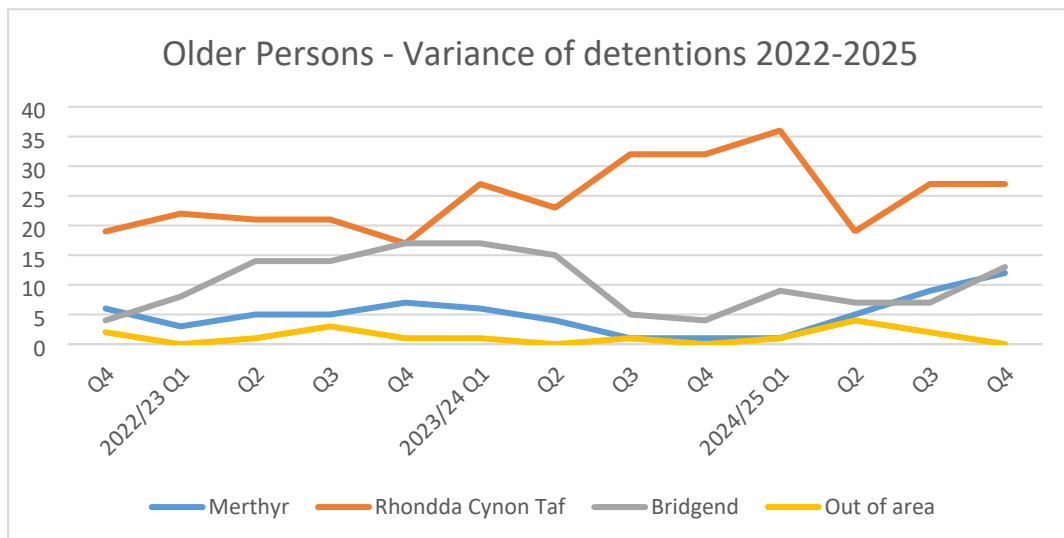


Table 2

Locality	Mean 2021/24	Q4 2024/25
Merthyr	5	12
RCT	25	27
Bridgend	10	13
Out of area	1	0
Total	41	52

Baseline mean to Q4 shifts are as follows:

- In Merthyr detentions increased from mean by 7, from 5 to 12

- In RCT detentions increased from mean by 2 (8%), from 25 to 27
- In Bridgend detentions increased from mean by 3 (30%), from 10 to 13
- Out of area detentions decreased from mean by 1, from 1 to 0

2.4 CAMHS Detentions

Within CAMHS there was an increase in detentions from 10 in Q3 to 14 in Q4 (40% increase).

Of the 14 detentions, 8 were from Cardiff & Vale, 4 from Cwm Taf Morgannwg and 2 from Aneurin Bevan.

11 detentions were admitted to Ty Llidiard CAMHS unit. 2 were for the same patient (Section 5(2) and subsequent Section 2) on admissions ward RGH, and 1 was a section 2, also on admissions ward, RGH.

Graph 3

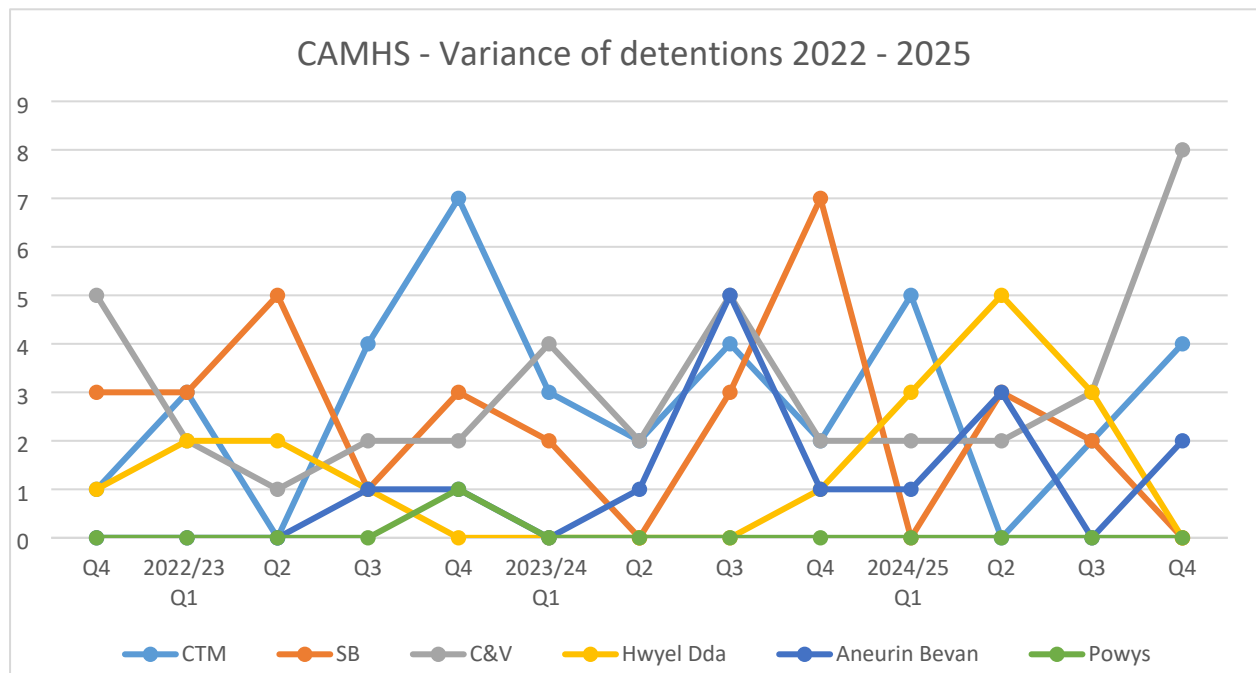




Table 3

Health Board	Mean 2021/24	Q4 2024/25
CTMUHB	3	4
SBUHB	2	0
C&VUHB	3	8
HDUHB	1	0
ABUHB	1	2
PTHB	0	0
Total	10	14

Baseline mean to Q4 shifts are as follows:

- In CTMUHB detentions increased from mean of 3 to 4
- From SBUHB detentions decreased from mean of 2 to 0
- From C&VUHB detentions increased from mean of 3 to 8
- From HDUHB detentions decreased from mean of 1 to 0
- From ABUHB detentions decreased from mean of 1 to 2
- From PTHB there were no detentions, same as the mean

2.5 Community Treatment Orders (CTO)

There were 2 new CTOs applied during Q4 in comparison with 4 in Q3

In Q4 there were 10 CTOs extended, 3 discharged and 1 recalled but not revoked

The current CTOs in each area are shown below along with the table of mean figures for each area.

There were 21 CTOs in place at the end of Q4.



Graph 4

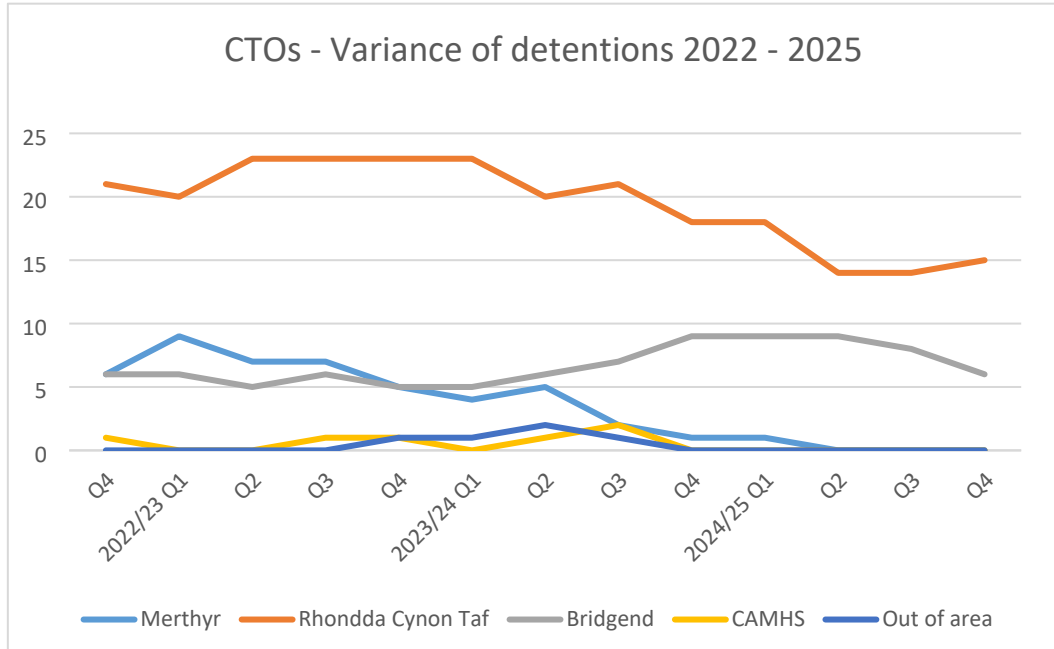


Table 4

Locality	Mean 2021/24	Q4 2024/25
Merthyr	4	0
Rhondda Cynon Taf	19	15
Bridgend	7	6
CAMHS	0	0
Out of area	0	0
Total	30	21

2.6 Use of Section 135/136 Police Powers

Use of Section 136 increased by 9.8% from 70 in Q3 to 78 in Q4

7 of these were for persons under the age of 18 years of age. 5 were discharged with community follow up and 2 were subsequently detained under Section 2

Uses of Section 135 increased during Q4 by 5 from 3 to 8

There were no occurrences of Section 135 for persons under the age of 18

Graph 5

This graph illustrates uses of Section 135/136 throughout the LSSAs from Q4 2021/22 to Q4 2024/25.

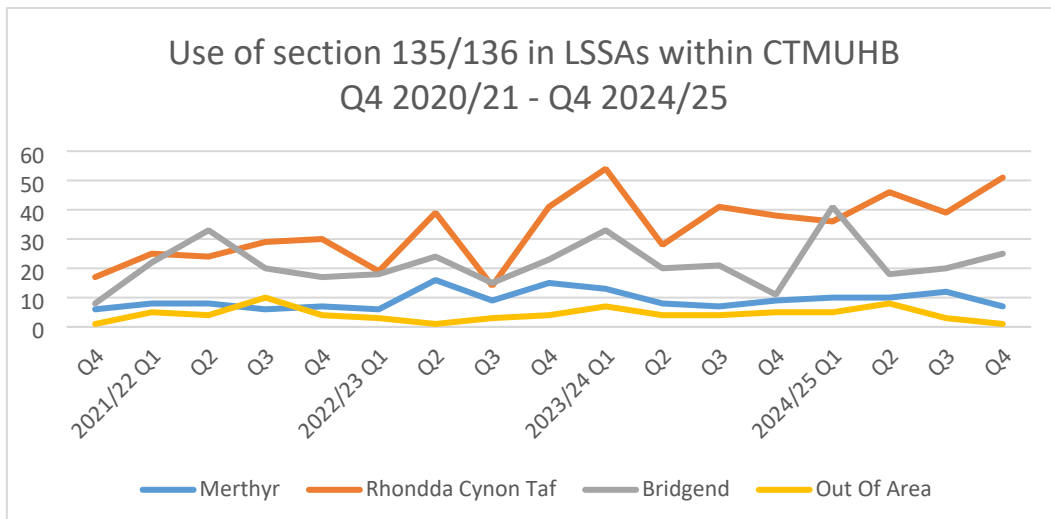


Table 5

Use of Section 135 and 136 by area for Q4 2024/25, also with mean.

Area	Mean	Q4 2024/25
Merthyr	9	7
Rhondda Cynon Taf	34	51
Bridgend	22	25
Out of area	4	3
Total	69	86

The use of Sections 135/136 will continue to be monitored in the MHA Operational Group meeting and the Section 136 group meeting. Any trends will be discussed and reported back to the Committee.

2.7 Current Challenges

- Problems with missing copies of statutory documentation in patient health records on paper-based wards remain as mentioned in previous reports.
- The MHA office has been without a training budget since the outbreak of the Covid 19 pandemic in 2020. Prior to this, there was an annual joint

training budget between health and the local authorities to accommodate MHA training with specialised lecturers. As social services now hold a separate budget to fund their own training, the MHA office are liaising with senior management to secure funding to provide an annual training programme for Health professionals and the Associate Hospital Managers. The business proposal highlights the requirement for the training as recommended in the Code of Practice for Wales;

1.35 In order for staff to be able to fulfil their functions under the Act and comply with this Code they should receive adequate training. Whilst many of the skills and much of the knowledge will be part of professional staff's, initial, refresher and continuing development training, local health boards and local authorities must ensure their staff are competent to undertake their roles.

1.36 As such, it is expected that all statutory agencies will have training programmes in place to ensure staff have the specialist skills and knowledge required”.

2.8 Errors and Breaches

Administrative and medical scrutiny of section documentation is carried out by the MHA Office and medical staff approved under Section 12 of the Act to ensure compliance and to identify any amendments needed within the target time limit. The majority of errors recorded within this report are minor, relating to demographics.

Rectifiable Errors

These are unimportant, minor errors resulting from inaccurate recordings, which can be rectified under Section 15 of the Act. Examples include incomplete addresses and misspelled names.

The application or medical recommendation, if found to be incorrect or defective, may, within that period, be amended by the person by whom it was signed. Upon such amendments being made, the application or recommendation shall have effect and shall be deemed to have had effect as if it had been originally made.

The total number of minor errors across all services in Q4 was 8, compared to 6 found in Q3. All of which were rectified within the 14 -day time limit.

Table 6

The table below provides a more detailed breakdown of the type of error.

Rectifiable Errors		
Responsible for Error	Forms	Total
AMHP	HO2	3
AMHP	HO6	0
Doctor	HO3	0
Doctor	HO4	1
Doctor	HO8	2
Doctor or Nurse	HO12	0
Nurse	HO14	2
Other UHB	TC1	0
	Total	8

The breakdown of errors will assist the MHA team in identifying areas of concern, which will highlight the priority areas for MHA training.

Fundamentally Defective

These are errors, which cannot be rectified under Section 15 and render the detention unlawful, therefore resulting in a breach of the Act.

Examples include unsigned section papers, incorrect hospital details or the wrong form being used. Medical recommendations and applications that are not signed cannot be remedied under Section 15 and therefore render the detention invalid. All breaches are reported via DATIX to enable monitoring and for training to be put in place as necessary.

There were no fundamentally defective errors within CTMUHB during Q4 2024/25. There have been no breaches of the Act since June 2024.

3. Key Risks / Matters for Escalation

In the reporting period, as there was no RC in Pinewood House and the Supported Recovery Unit, the MHA office experienced difficulties in ascertaining who to approach to complete the required statutory paperwork for detained patients.

This has since been resolved with the appointment of a permanent RC for Pinewood House and a designated RC for SRU.



4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	Not Applicable
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (<i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i>) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Data to Knowledge
	If more than one applies please list below:
Dolen i Feysydd Ansawdd (<i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i>) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Effective
	If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome: No equality issues of note	If no, please include rationale below: Not required for data reports. Confirmation received from equality team 19/11/24
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate):	If no, please include rationale below:



Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	Not required for data reports – confirmation received from Welsh Language Team 18/11/24
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau <i>(Pobl /Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

5.1 The MHA Monitoring Committee is asked to:

- Discuss and note the report.



Appendix 1. Graph 1

Quarter 4 MHA Adult Activity 2024/25

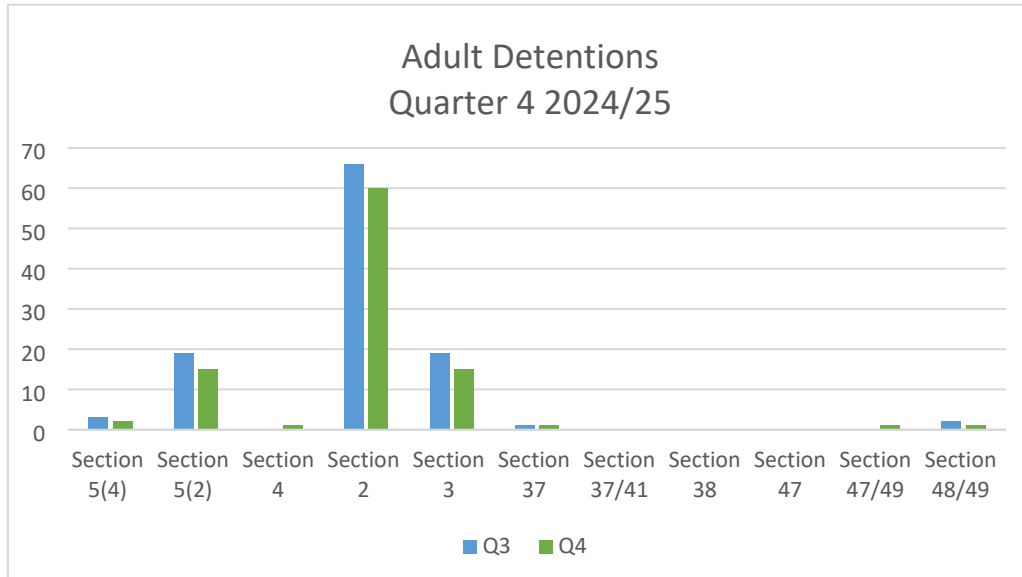


Table 1 **Quarter 4 MHA Adult Activity 2024/25**

Section	Q3	% of total	Q4	% of total
Section 5(4)	3	2.73%	2	2.08%
Section 5(2)	19	17.27%	15	15.63%
Section 4	0	0.00%	1	1.04%
Section 2	66	60.00%	60	62.50%
Section 3	19	17.27%	15	15.63%
Section 37	1	0.91%	1	1.04%
Section 37/41	0	0.00%	0	0.00%
Section 38	0	0.00%	0	0.00%
Section 47	0	0.00%	0	0.00%
Section 47/49	0	0.00%	1	1.04%
Section 48/49	2	1.82%	1	1.04%
Section 35	0	0.00%	0	0.00%
Section 36	0	0.00%	0	0.00%
Total	110	100%	96	100.00%

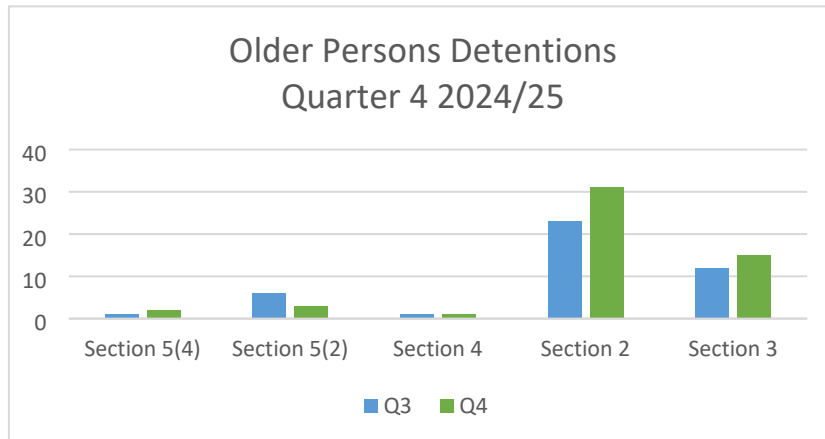
**There were 8 out of area detentions in Q4*



Table 2 Number of Adult MHA detentions per locality

Area	Q3	Q4
Merthyr	15	10
Rhondda Cynon Taf	56	49
Bridgend	39	37
Out of area	6	8

Graph 2 Quarter 4 MHA Older Persons Activity 2024/25



*There were no out of area detentions in Q4

Table 3 Quarter 4 MHA Older Persons Activity 2024/25

Section	Q3	% of total	Q4	% of total
Section 5(4)	1	2.33%	2	3.85%
Section 5(2)	6	13.95%	3	5.77%
Section 4	1	2.33%	1	1.92%
Section 2	23	53.49%	31	59.62%
Section 3	12	27.91%	15	28.85%
Section 37	0	0.00%	0	0.00%
Section 37/41	0	0.00%	0	0.00%
Section 38	0	0.00%	0	0.00%
Section 47	0	0.00%	0	0.00%
Section 47/49	0	0.00%	0	0.00%
Section 48/49	0	0.00%	0	0.00%
Section 35	0	0.00%	0	0.00%
Section 36	0	0.00%	0	0.00%
Total	43	100%	52	100%



Table 4 Number of Older Persons MHA detentions per locality

Area	Q3	Q4
Merthyr	9	12
Rhondda Cynon Taf	27	27
Bridgend	7	13
Out of area	2	0

Graph 3 Quarter 4 CAMHS Activity 2024/25

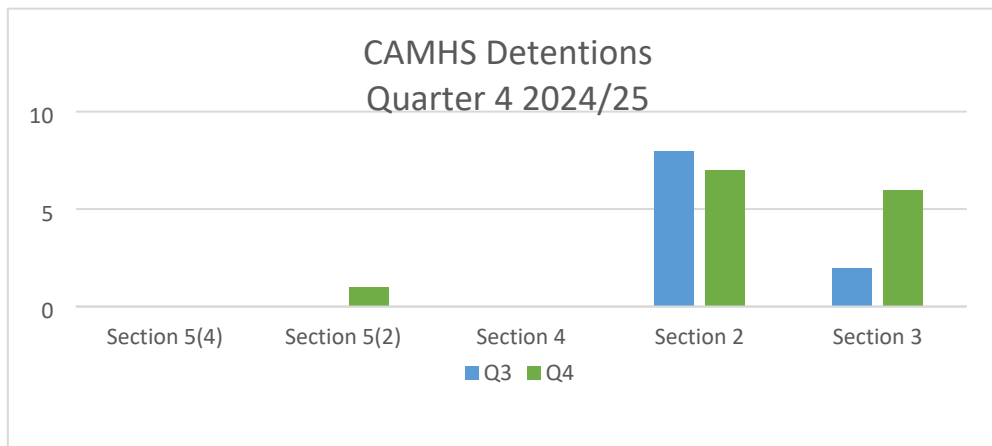


Table 5 Quarter 4 CAMHS Activity 2024/25

Section	Q3	% of total	Q4	% of total
Section 5(4)	0	0.00%	0	0.00%
Section 5(2)	0	0.00%	1	7.14%
Section 4	0	0.00%	0	0.00%
Section 2	8	80.00%	7	50.00%
Section 3	2	20.00%	6	42.86%
Section 37	0	0.00%	0	0.00%
Section 37/41	0	0.00%	0	0.00%
Section 38	0	0.00%	0	0.00%
Section 47	0	0.00%	0	0.00%
Section 47/49	0	0.00%	0	0.00%
Section 48/49	0	0.00%	0	0.00%
Section 35	0	0.00%	0	0.00%
Section 36	0	0.00%	0	0.00%
Total	10	100%	14	100%



Table 6 Number of CAMHS MHA detentions per locality

Health Board	Q3	Q4
Cwm Taf Morgannwg	2	4
Swansea Bay	2	0
Cardiff & Vale	3	8
Hywel Dda	3	0
Aneurin Bevan	0	2
Powys Teaching	0	0

USE OF SECTIONS AND OUTCOMES for Q4 2024/25

Section 5(2) of the Mental Health Act 1983

A 'holding power' can be used by doctors to detain an inpatient in hospital for up to 72hrs for assessment under the Act. This section cannot be used in A&E because the patient is not an inpatient. A non-psychiatric doctor on a general medical ward can use this section.

Table 7

S5(2) OUTCOMES	Oct	Nov	Dec	Jan	Feb	Mar
Section 2	4	2	3	2	1	2
Section 3	2	1	2	2	3	2
Informal	4	5	3	3	2	4
Discharged	0	0	0	0	0	0
Lapsed	0	0	0	0	0	0
Invalid	0	0	0	0	0	0

Section 2 of the Mental Health Act 1983

The power to detain someone believed to be suffering mental disorder for assessment (and treatment). The order lasts for up to 28 days and cannot be renewed. The patient has a right of appeal against detention to a Mental Health Review Tribunal.



Table 8

S2 OUTCOMES	Oct	Nov	Dec	Jan	Feb	Mar
Section 3	5	6	11	8	10	5
Informal	21	11	17	29	13	21
Discharged	8	7	7	4	5	7
Lapsed	0	0	0	0	1	0
Invalid	0	0	0	0	0	0
Transfer	1	1	1	0	0	0

Section 3 of the Mental Health Act 1983

The power to detain someone for treatment of mental disorder. This section lasts for up to 6 months and can be renewed for another six months and then annually. Patient has the right of appeal against detention to a Mental Health Review Tribunal.

Table 9

S 3 OUTCOMES	Oct	Nov	Dec	Jan	Feb	Mar
Section 3 renewed	5	4	8	2	5	0
Informal	9	5	6	11	6	6
Discharged	6	4	2	4	4	5
Lapsed	0	0	0	1	0	0
Invalid	0	0	0	0	0	0
Transfer	2	2	2	0	0	1
CTO	0	2	1	0	1	0

**Number of compulsory admissions under the Mental Health Act 1983
(Section 2, 3, 4 and 37 only)**

Table 10

	Q3 2024/25	Q4 2024/25
Adult Detentions	92	83
Older Persons detentions	38	46
CAMHS detentions	10	13
TOTAL	140	142

SECTION LAPSING

Detentions under the Mental Health Act can lapse for the following reasons:

- A section expires without the RC exercising their power to discharge under Section 23 MHA or the patient is not further detained under Section 3 of the MHA.
- The AMHP and RC have a difference of opinion on the appropriateness of further detention under Section 3 of the MHA.
- No further assessment by an AMHP and/or RC has taken place in respect of the next steps in relation to the patient's detention status.

Allowing a section to expire through passage of time would not be considered good practice. Any detention should end as soon as the legal criteria no longer applies to the patient.

When no further detention is required, it is good practice for the RC to complete a discharge form.

It is particularly poor practice to allow the section to lapse when the RC has not seen the patient. In this instance, the issue is reported to the Clinical Director and monitored to avoid re-occurrence.

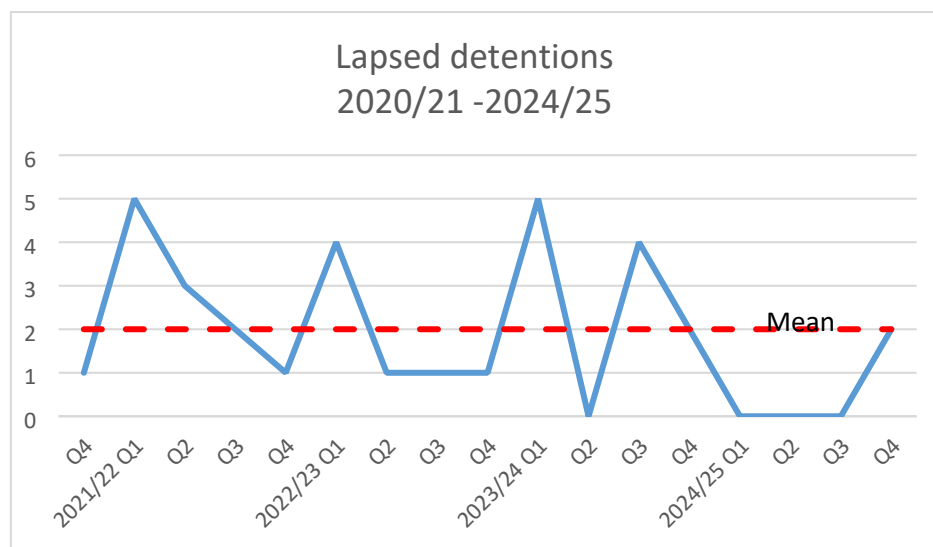
There were 2 lapses of detentions in Q4.

❖ Section 3

- The patient was detained under Section 3 of the MHA on 25/01/2024, which was renewed on 25/07/2024 for a further six months due to expire on 24/01/2025 at 23:59.
- The RC in Pinewood had been sent 2 email reminders by the MHA team of the Section 3 expiry date at the 2 months and 1 -month intervals prior to the expiry date. As the current RC left the Health Board, the renewal paperwork was outstanding.
- The covering RC had been sent 4 email reminders, which the specialty doctor, ward manager and deputy ward managers were also copied into.
- The MHA manager phoned Pinewood House on Friday 24/01/2025 at 2pm to ascertain if the Section 3 renewal paperwork (Form HO15) had been completed and re-iterated the urgency that it was due to expire at 23.59 that day.
- The specialty doctor also sent the RC an email requesting the review of Section 3 and stated that in their opinion, the Section 3 ought to be renewed.

- As the patient was not reviewed by the RC, the section 3 lapsed at 23:59 on 24/01/2025.
- The MHA team formally wrote a letter to the patient informing them that they were of informal status and completed an incident form.
- The patient was re-sectioned under Section 3 on 26/02/2025.
- ❖ Section 2
 - The patient was detained under Section 2 of the MHA on 26/01/2025, which was due to expire at 23:59 on 22/02/2025.
 - A Mental Health Act assessment took place on 21/02/2025 at 3pm, which resulted in further detention not required.
 - The patient was informed by the AMHP that they were of informal status.
 - The RC was not contacted following the outcome of the assessment and did not complete the required paperwork (Form HO17) to discharge the patient from detention under Section 2.
 - The MHA manager contacted the RC and ward staff to ask if a Form HO17 had been completed and explained that the Section 2 had lapsed and would be reported as an incident.
 - The MHA office formally informed the patient by letter that they were of informal status.

Graph 4- Lapsed detentions under the MHA 1983.





TRANSFER BETWEEN HOSPITALS

Section 19 of The Mental Health Act allows for the transfer of Part 2 (Section 2, 3 and CTO Patients) and some Part 3 (Section 37,37/41, 47, 47/49 and 48/49) detained patients from a hospital under one set of managers to a hospital under a different set of managers. For restricted patients transfers are subject to the prior agreement of the Secretary of State.

Table 13

SECTION	Q3	Q4
Part 2 Patients to CTUHB	12	10
Part 3 patients to CTUHB	0	0
Part 2 patients from CTUHB	9	6
Part 3 patients from CTUHB	1	3
TOTAL	22	19

COMMUNITY TREATMENT ORDER, Section 17A (CTO) Q3 CTO Activity 2024/25

Table 14

SECTION	Power	Q3	Q4
17A	Community Treatment Order made	4	2
	Community Treatment order extended	8	10
	Recalled to hospital and not revoked	1	1
	Recalled to hospital and revoked	3	0
	Discharged from CTO	2	3
	Transferred	0	0
	Other (Deceased)	0	0

Current CTO by area

Table 15

Area	Q3	Q4
Merthyr	0	0
Rhondda Cynon Taf	14	15
Bridgend	8	6
CAMHS	0	0
Out of area	0	0
Total	22	21



USE OF SECTION 135 AND SECTION 136

Police powers under the MHA to authorise removal to a Place of Safety.

Section 135

Warrants under the Act for (1) assessments on private premises and (2) recovering patients who are absent without leave. Lasts for 24 hours but can be extended, if necessary, by 12 hours up to a maximum of 36 hours.

Table 16

Section 135 of the Mental Health Act	Q3	Q4
Assessed and admitted informally	0	1
Assessed and discharged	0	1
Assessed and detained under Section 2	3	2
Assessed and detained under Section 4	0	0
Assessed and detained under Section 3	0	3
Recalled from Community Treatment Order	0	1
TOTAL	3	8

Section 136

Power to detain someone in immediate need of care or control and remove him or her to a place of safety. Power to detain lasts for up to 24hrs but can be extended, if necessary, by 12 hours up to a maximum of 36 hours.

Table 17

Section 136 of the Mental Health Act	Q3	Q4
Assessed and admitted informally	4	2
Assessed and detained under Section 2	15	20
Assessed and detained under Section 4	0	0
Assessed and detained under Section 3	1	0
Discharged with no follow up required	7	11
Discharged referred to community services	43	45
Section 136 lapsed	1	0
Other /(Recall from CTO)/ or transfer	0	0
TOTAL	71	78



HOSPITAL MANAGERS HEARINGS

Under the provisions of the Mental Health Act 1983, detained patients have a right to have their detention reviewed by the Hospital Managers. The Hospital Managers responsibilities are as follows:

- Undertake a review of detention at any time
- Must review a patient’s detention when Responsible Clinician (RC) submit a report under Section 20/20A renewing detention and extending CTOs
- Must consider holding a review when a patient requests it
- Must consider holding a review when the RC makes a report under Section 25 (1) barring a nearest relative application for the patient’s discharge

Table 18

Hospital Managers Hearings	Q3	Q4
Number of Hearings held	13	16
Number of Referrals by Hospital Managers	20	15
Number of Appeals to Hospital Managers	2	0
Number of Detentions upheld by Hospital Managers	12	16
Number of detentions discharged by Hospital Managers	0	0
Number of patients discharged by RC prior to Hearing	0	4

Q4:

- 5 postponed for the following reasons:
 - ❖ 3 No RC in place in SRU
 - ❖ 1 unable to obtain a panel
 - ❖ 1 Change to RC’s availability

TRIBUNAL HEARINGS

The Mental Health Review Tribunal for Wales (MHRT) is a statutory body that works independently of the Health Board to review appeals made by detained patients for discharge from their detention and community orders under the Mental Health Act 1983. Patients are also automatically referred by the Hospital Managers in certain circumstances.



Table 19

MHRT Hearings	Q3	Q4
Number of Hearings held	24	26
Number of Referrals by Hospital Managers	13	8
Number of referrals by Ministry of Justice	1	0
Number of referrals by Welsh Ministers	0	0
Number of Appeals to MHRT	47	57
Number of Detentions upheld by MHRT	19	20
Number of detentions discharged by MHRT	1	2
Number of Hearings adjourned/postponed	9	6
Number of Hearings cancelled by patient	9	9
Number of patients transferred to another Health Board prior to Hearing	1	2
Number of patients discharged by RC prior to Hearing	20	24

OTHER ACTIVITY

Death of a Detained Patient

The Hospital Managers have a duty to report to Healthcare Inspectorate Wales (HIW) any patients deceased who are subject to the Mental Health Act within 72 hours of death. This applies to in-patients as well as community treatment order and guardianship patients. The coroner must also be informed.

Q4: *There were no instances of deaths of detained patients during this quarter.*

Consent to Treatment

In line with Chapter 25.38 of the Code of Practice for Wales, Hospital Managers should monitor the use of Urgent treatment under s62 (inpatients) and s64G for (CTO patients) to ensure that it is not used inappropriately or excessively.

Table 20

Use of urgent treatment Forms	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Total
Section 62	4	1	3	1	5	8	22
Section 64	0	0	0	1*Taff Ely	0	1*Taff Ely	2
Total	4	1	3	2	5	9	24

Table 21

Use of Section 62 -Urgent Treatment in hospital settings

Hospital	Ward	Oct	Nov	Dec	Jan	Feb	March	Total
POW	PICU						3	3
	14		1	2			2	5
RGH	St David's	1						1
	22	1						1
	21					2		2
	PICU							
	Seren	1				1		1
YGT	SRU			1		1		2
Pinewood	Pinewood	1			1	1	1	4
Ty Llidiard	Enfys						1	1
Angelton	Ward 2						1	1
Total		4	1	3	1	5	8	22

EXAMPLES OF GOOD PRACTICE

It is very pleasing to note that there were **no** fundamental breaches of the MHA 1983 again this quarter. This could be accounted to the revised receipt & scrutiny checklist, the delivery of MHA training and the availability of guidance on SharePoint.

The pre-HIW visit quality checks have continued on every ward within CTMUHB. The reviews are being offered as a supportive lens from outside of the service provision to identify areas of good practice and any areas for service improvement. The reviews will also provide an opportunity for staff to experience a HIW inspection, which will aim to help prepare and to build confidence. This will also assist in identifying at an early stage any quality and improvement requirements on the wards.

The HIW report published last month from a visit to Ward 14 POW on 13,14, 15 November 2024, which mentions the mock HIW visits as a positive for the health board. There was also very favourable reporting around MHA documentation on the ward such as detention documents, treatment certificates, rights and S17 leave forms.

SharePoint

The new MHA helpdesk on SharePoint has now been listed on the SharePoint hub front page under "Mental Health and Learning Disability".



Targeted Navigation

- Administration
- Clinical
- Facilities
- Finance
- Medical
- Medicines Management
- Mental Health and Learning Disability

 Mental Health Act Helpdesk	 ESR	 Fire Safety
 Health & Safety	 ICT Helpdesk	 Latest Staff Update
 Occupational Health	 Payroll & Pension	 Submit a News Item

[Home - Mental Health Act Helpdesk](#)



Appendix 2

MENTAL HEALTH ACT (1983)

GLOSSARY OF TERMS

SUMMARY OF COMMON SECTIONS OF THE MENTAL HEALTH ACT 1983

<p>Section 5(4) Nurse holding power.</p>	<p>This means that if a Nurse feels that a patient suffers from a mental disorder and should not leave hospital s/he can complete this form allowing detention for 6 hours pending being seen by doctor or Approved Clinician</p> <p><i>(1 holding power form required)</i></p>
<p>Section 5(2) Doctor's or Approved Clinician's Holding power</p>	<p>This means that an inpatient is being detained for up to 72 hours by a doctor or Approved Clinician if appears to suffer from mental disorder and patient wishes to leave hospital.</p> <p><i>(1 holding power form required)</i></p>
<p>Section 4 Admission for assessment in cases of emergency</p>	<p>Individual is detained for up to 72 hours if Doctor believes person is suffering from mental disorder and seeking another Doctor will delay admission in an emergency.</p> <p><i>(1 Medical Recommendation and AMHP assessment required)</i></p>
<p>Section 2 Admission for assessment</p>	<p>Individual is detained in hospital for up to 28 days for assessment of mental health.</p> <p>Criteria:</p> <ul style="list-style-type: none"> • Suffering from mental disorder of a nature or degree that warrants the detention of the patient in hospital for assessment for at least a limited period. • And it is necessary that patient ought to be detained in the interests of own health, own safety, protection of other persons <p><i>(2 Medical recommendations (or 1 joint recommendation) and AMHP assessment required)</i></p>
<p>Section 3 Admission for Treatment</p>	<p>Individual is detained in hospital for up to 6 months for treatment of mental disorder.</p> <p>Criteria:</p> <ul style="list-style-type: none"> • Suffering from mental disorder of a nature or degree which makes it appropriate for patient to receive medical treatment in hospital • Moreover, it is necessary for the patient's own health, safety, protection of other persons that patient receive treatment in hospital.



	<ul style="list-style-type: none"> In addition, such treatment cannot be provided unless the patient is detained under Section 3 of the Mental Health Act. <p><i>(2 Medical recommendations (or 1 joint recommendation) and AMHP assessment required)</i></p>
Section 7 Guardianship	<p>Individual who suffers from mental disorder can be given a guardian to help them in the community. Guardianship runs for six months and can be renewable.</p> <p>Criteria:</p> <ul style="list-style-type: none"> Live in a particular place Attend for medical treatment, occupational; education or training at set places and at set times. Allow a doctor, an approved mental health professional or other named person to see patient <p><i>(2 Medical recommendations (or one joint recommendation) and AMHP assessment required)</i></p>
Section 37 Guardianship by Court Order	<p>Court can make an order (6 months) that patient be given a guardian if needed because of mental disorder. The guardian is someone from social services.</p> <p>Criteria:</p> <ul style="list-style-type: none"> Live in particular place Attend for medical treatment, occupational education or training at set places and times Allow a doctor or an approved mental health professional or other named person to see you <p><i>(Court Order required)</i></p>
Section 37/41 Admission to hospital by a Court Order with restrictions	<p>Individual admitted to hospital on the order of the Court. This means that the Court on the advice of two doctors thinks that patient has mental disorder and need to be in hospital for treatment. The Court makes restrictions and as such, patient cannot leave hospital or be transferred without the Secretary of state for Justice agreement.</p> <p><i>(Court Order with restrictions required)</i></p>
Section 135 Admission of patients removed by Police under a Court Warrant	<p>Individual brought to hospital by a Police Officer on a warrant from Justice Of Peace, which means that an AMHP feels that individual is suffering from mental disorder for which s/he must be in hospital. Warrant last for 24 hours (but can be extended up to 36 hours).</p> <p><i>(Section 135 (1){non-detained patient} warrant required or Section 135 (2){sections and CTO patients} required)</i></p>
Section 136 Admission of mentally disordered persons found in a public place	<p>Individual brought to hospital by Police Officer if found in public place and appears to suffer from mental disorder. Assessment by Section 12 Approved Doctor and Approved Mental Health Professional. Section 136 last for 24 hours (but can be extended up to 36 hours).</p>



	<i>(Police Service Section 136 monitoring form required)</i>
Section 17 A Community Treatment Order (CTO)	<p>CTO allows patients to be treated in the community rather than detention in hospital. Order last 6 months and is renewable. There are conditions attached which are:</p> <ul style="list-style-type: none"> • Be available to be examined by Responsible Clinician for review of CTO and whether should be extended. • Be available to meet with Second Opinion Doctor or Responsible Clinician for the purpose of certificate authorising treatment to be issued. <p>The Responsible Clinician may also set other conditions if relevant to individuals, carers and/or family.</p> <p><i>(CP1 Form to be completed by Responsible Clinician and AMHP)</i></p>
Section 17 leave	<p>Allows Responsible Clinician (RC) to grant day and/or overnight leave of absence from hospital to patient liable to be detained under the Mental Health Act 1983. Leave can have set of conditions attached for the patient's protection as well as protection of others. Leave can be limited to specific occasions or longer-term. There is a requirement for RC to consider CTO if overnight leave will be over 7 days. Patients can be recalled to hospital if they do not comply with the requirement of their leave.</p> <p><i>(Section 17 leave non-statutory form required)</i></p>
Section 117 aftercare	<p>This section applies to persons who are detained under Section 3, 37, 45 A, transferred direction under section 47 or 48 and who cease to be detained after leaving hospital. It is the duty of the Health Board and Local Authorities to provide aftercare under Section 117 free of charge to patients subject to the above sections. Patients can be discharged from Section 117 aftercare if they no longer receiving services.</p>
MHAM Hearings (Mental Health Act Managers)	<p>Patients detained under sections of the Mental Health Act are entitled to appeal against their detention to the Hospital Managers several times during their period of detention. Patients are also referred to the Hospital Managers by the Mental Health Act Administrators when the Responsible Clinician (RC) submits a report renewing the section.</p>
MHRT Hearings (Mental Health Review Tribunal)	<p>Patients detained under Sections of the Mental Health Act are entitled to appeal against their detention to the Mental Health Review Tribunal for Wales once in each period of detention. If a patient decides to withdraw their appeal, they can appeal again at a later date and do not lose the right of appeal. Patients are also automatically referred to the Mental Health Review Tribunal by the Mental Health Act Administrators if they have not exercised their right of appeal after a set period.</p> <p>Mental Health Act Administrators also automatically refer patient subject to a CTO, which has been revoked by the Responsible Clinician, to MHRT.</p>



Agenda Item

5.4

Mental Health Act Monitoring Committee

Risks related to the use of the Mental Health Act

Dyddiad y Cyfarfod / Date of Meeting	13/05/2025
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Lloyd Griffiths, Head of MHLN Nursing
Cyflwynydd yr Adroddiad / Report Presenter	Julie Denley Deputy Chief Operating Officer
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gethin Hughes, Chief Operating Officer

Pwrpas yr Adroddiad / Report Purpose	For Noting
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Forum Individuals	Date	Outcome
(Insert Details)	Click or tap to enter a date.	

Acronyms / Glossary of Terms	
CAMHS	Child and Adolescent Mental Health Services
CTMUHB	Cwm Taf Morgannwg University Health Board
MHA	Mental Health Act
OPMHS	Older Persons Mental Health Services
MHRT	Mental Health Review Tribunal
RC	Responsible Clinician



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University Health Board

RCRP	Right Care Right Person
SWP	South Wales Police



1. Situation / Background

1.1 The purpose of this report is to present risks related to the monitoring of the Mental Health Act (MHA) evident in Quarter 4 (January – March 2025) and for discussion and scrutiny related to actions and key milestones related to mitigating these risks.

2. Specific Matters for Consideration

2.1 The number of minor errors this quarter was 8, up from 6 in Q3 but within mean.

2.2 It is noted that there has been an overall increase in the use of the MHA in quarter, due to increase in OPMHS and CAMHS but the total number remains within the 3 year mean.

2.3 Although this paper focuses on risks, for balance, it was pleasing to see again there were no fundamentally defective errors and that there have been no breaches of the Act since June 2024.

3. RCRP update

3.1 The impact of RCRP is highlighted on the Organisational Risk Register with a current score of 16.

3.2 RCRP is being implemented by SWP in 4 stages;

- Phase 1 Concerns for Welfare – commenced 26/02/2024
- Phase 2 AWOL and Walk out of healthcare facilities - commenced 26/02/2024
- Phase 3 Transportation and Phase 4 S136 commenced 10/03/2025

3.3 SWP are the first Police force in Wales to go live with Phases 3 + 4.

3.4 A CTMUHB wide RCRP group, chaired by the Mental Health & Learning Development Care Group - Director of Nursing continues to meet monthly to monitor the impact of RCRP.

3.5 The Operational Group continue to monitor patient and police waiting times for Section 136. Information is being provided on waiting times within individual Emergency Departments and Places of Safety to help understand any local variations.



- 3.6 SWP have agreed to co-produce a revised S135/6 policy to reflect RCRP with stakeholders and preparatory work is underway prior to a stakeholder meeting.
- 3.7 In the absence of a national transportation solution the Health Board will be using private transportation which will be a cost pressure.
- 3.8 At present, in the absence of timely transportation alternatives SWP are continuing to transport.
- 3.9 It is pleasing to see the Health Board taking a proactive approach to RCRP by working with SWP to improve the use of 111#2 to provide alternatives to the use of S136.
- 3.10 No significant issues with Phases 3 + 4 have been raised within CTMUHB.

4. Risks / Matters for Escalation

- 4.1 Medical staffing remains challenging, especially in Adult Mental Health services. The Operational Group will continue to monitor the impact on the use of the MHA particularly around Lapsed Sections and postponed Review Tribunals and Managers Hearings.

5. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	Not Applicable
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Data to Knowledge
	If more than one applies please list below:



Dolen i Feysydd Ansawdd (<i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i>) / Link to Domains of Quality (<i>Duty of Quality Statutory Guidance (gov.wales)</i>)	Safe
	If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below:
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below:
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau (<i>Pobl /Ariannol</i>) / Resource Impact (<i>People / Financial</i>)	There is no direct impact on resources as a result of the activity outlined in this report.	

6. Recommendation

6.1 The Committee is asked to **NOTE** the contents of this report.

(Agenda Item 5.6)	13 May 2025	Mental Health Act Monitoring Committee	Mental Health Strategic Developments in Wales
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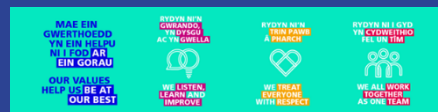
Report Details:		Impact Assessment:	
FOI Status:	Open (Public)	Indicate the Quality / Safety / Patient Experience Implications:	Strategic developments will be progressed to enhance quality and patient experience outcomes.
If closed please indicate reason:	N/A	Related Health and Care Standard	Governance, Leadership & Accountability, Safe Care
Prepared By:	Ana Llewellyn, Nurse Director	Has an EQIA been undertaken?	No – the Health Board has not completed EQIA as yet as this is an update on developments underway
Presented By:	Ana Llewellyn, Nurse Director	Are there any Legal Implications /Impact.	Yes - this update is about strategic developments and service updates which may have a bearing on the Mental Health Act.
Approving Executive Sponsor:	Gethin Hughes, Chief Operating Officer	Are there any resource (capital/Revenue/Workforce Implications / Impact?	It is likely that strategic developments will have resource implications – not clearly determined as yet
Report Purpose	For Noting	Link to Strategic Goals	Improving Care
Engagement undertaken to date:	No specification engagement undertaken		



Mental Health Strategic Developments in Wales

Ana Llewellyn

Mental Health Act Monitoring Committee May 2025



National Strategic Developments

- Acute and Crisis Care Developments:
 - Leadership Exchange Conference
 - Stepped Care Solutions
- National Patient Safety Programme:
 - Relational Safety
 - Procedural Safety
 - Safe Discharge
 - Environmental Safety
 - Workforce
- Mental Health Strategy April 2025
- Suicide and Self-Harm Strategy April 2025



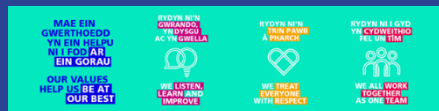
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Cwm Taf Morgannwg
University Health Board

CTM 2030
Ein Hiechyd
Ein Dyfodol
DATBLYG CYMRUDDAU
IAOCHACH GYDA'N GILYDD



CTM 2030
Our Health
Our Future
BUILDING HEALTHIER
COMMUNITIES TOGETHER



CREATING
HEALTH



IMPROVING
CARE



INSPIRING
PEOPLE



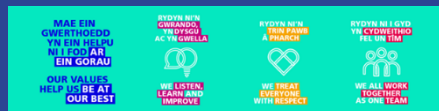
SUSTAINING
OUR FUTURE

ctmuhb.nhs.wales

91/114

Mental Health Act Reform

- 2018 Independent Review of the Mental Health Act by Professor Simon Wessely proposing whole scale reform of the Mental Health Act [Modernising the Mental Health Act: Final Report of the Independent Review of the Mental Health Act 1983](#)
- 2023 MS proposed Mental Health Standards of Care (Wales) Bill. Consulted on February 2024
- 2024 November - UK Gov announcement
- 2024 November – withdrawal of Welsh Bill proposal
- 2025 January – notification received that Welsh Health and Social Care Committee intending to scrutinise legislative proposals for Wales.



CTM Right Care Right Person Plan

*Not just MHLD

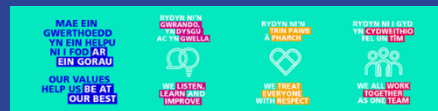
Phase	Action	CTM Timescale	Implementation Date
Phase 1 – Welfare Checks	<ul style="list-style-type: none"> CTM Protocol Developed Daily Lunch and Learn Briefings for Staff Post implementation partnership meetings w/c 26th February Ongoing monitoring of welfare check cases via datix Tactical meetings with police – now stood down, no significant issues from CTM 		26 th February 2024
Phase 2 – MH AWOL CTM Unexpectedly Leaving	<ul style="list-style-type: none"> Review of MH Policy: Include THRIVE Alternative arrangements for lower risk patients Review of CTM Policy Stakeholder event held Thursday 27th June Daily Lunch and Learn Briefings for Staff 	July 2024	August 2024 16 th September 2024
Phases 3 +4 – Conveyance + SI36	<ul style="list-style-type: none"> Handover time data collection Bespoke improvement work with ED S136 suit development as part of AMH BAU HB RCRP and SWP Partnership meetings continue No significant concerns raised SWP are requesting that partners convey but continue to assist if this is not possible 	May 2024	October 2024 10/03/25 (SWP first Police force in Wales to go live with Phases 3 and 4)



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Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg University Health Board

CTM 2030
Ein Hiechyd Ein Dyfodol
DATAIL YDYM CYMUNEDDŷ IACHACH GYDA'N GILYDDO

CTM 2030
Our Health Our Future
BUILDING HEALTHIER COMMUNITIES TOGETHER



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Mental Health Care Group: Improving Care Focus

Service change with Care Group Leadership Representative:

- Dementia Day Services Review
- Adult Community Transformation
- Adult Inpatient Transformation
- Older Adult Redesign
- Rehabilitation & Recovery
- Single Electronic Record

Planning: WG Assessment of Fragile Services

Risk Matrix	Current Risk Score (Likelihood x Impact = Risk Score)				
	Likelihood of Service Fragility i.e. a risk of a diminished service being delivered, or a service being unable to be delivered				
Impact of Service Fragility:	Rare - 1 <i>This will probably never happen/recur (except in very exceptional circumstances).</i>	Unlikely - 2 <i>Do not expect it to happen/recur but it is possible that it may do so.</i>	Possible - 3 <i>It might happen or recur occasionally.</i>	Unlikely - 4 <i>It will probably happen/recur, but is not a persisting issue/circumstances.</i>	Almost certain - 5 <i>It will undoubtedly happen/recur, possibly frequently.</i>
Catastrophic - 5 (Totally unacceptable level or quality of treatment/service. Systematic failure of multiple services or regulated activities. Gross failure in patient safety and/or meeting national standards.)			CHC - female locked rehab; low secure; complex patients	Adult Inpatient Services	
Major - 4 (Systematic failures in clinical, operational or patient safety. Major impact for patient safety. Persistent non compliance with national standards.)			Crisis and Home treatment teams	Adult Community Teams Memory Assessment Services ND- IAS ND- ADHD HMP Parc	
Moderate - 3 (Service has significantly reduced effectiveness or does not meet essential internal standards for quality and moderate impact for patient safety if unresolved.)	CAMHS Crisis Services		Adult LPCMHG CAMHS LPCMHG Older Adult Inpatient Psych Liaison	Dementia Day Services Rehab services Outreach and Recovery	
Minor - 2 (Minor implications for patient safety if unresolved. Singular or minor failures to meet internal standards which are not ongoing. Reduced performance rating if unresolved.)	Veteran Services	SW EDOS All Wales FACS Older Adult Community Eating Disorder Perinatal Dementia Support Teams	CAMHS Community Services CAMHS T4 EIP Forensics		
Negligible - 1 (Service is sub-optimal but does not affect patient safety, timely or effective care.)			NHS 111 Press 2 CAMHS Schools In-Reach		



Recommendation:

The Committee is asked to:

- Note the update



RCT, Merthyr and Bridgend AMHP Themes

Systems

- WCCIS ending contract in January 2026
- New case management software has been identified as the provider for RCT, Bridgend, Merthyr Tydfil and the Vale of Glamorgan LAs
- No clear message regarding health system at this time
- No agreement about ongoing joint use of one system

RCRP

- Police currently independently updating S.135 and S.136 policy to replace the South Wales co-produced protocol which several health boards, local authorities and south Wales police are working to.
- AMHPs and health board will need to review staff guidance as this will likely replace the current
- AMHP regional team have requested an escalation process outside of using 101 as the experience of AMHPs is that this causes delays in resolving issues
- Regional AMHPs have offered support to nurses who are needing to apply for warrants. Also training and useful guide has been provided by AMHPs to nurses now applying for s.135(2) warrants

Issues arising causing impact on Recruitment and Retention

- Medical cover for assessments , S.12 doctor availability, custody assessments
- Transport/Conveyance
- Bed availability
- Proposed changes to Mental Health Bill (e.g. 'Authorised person')



Unapproved Minutes of the Mental Health Act Monitoring Committee

Date and Time of Meeting	Wednesday 19 th February 2025
Venue	Virtual via Microsoft Teams at 13:00 pm

Members Present	Kath Palmer	Health Board Vice Chair (Committee Chair)
	Dilys Jouvenat	Independent Member
	Hayley Proctor	Independent Member
In Attendance	Julie Denley	Deputy Chief Operating Officer
	Gethin Hughes	Chief Operating Officer
	Robert Goodwin	Directorate Manager, CAMHs and Specialist Services
	Clare Williams	Service Director Mental Health and Learning Disabilities (in part)
	Vanessa Hughes	Welsh Ambulance Services NHS Trust (WAST)
	Alexandra Beckham	Local Authority Representative RCTCBC
	Alyson Jones	Local Authority Representative MTCBC (In part)
	Emma Walters	Head of Corporate Governance & Board Business
	Kathrine Davies	Corporate Governance Manager (Committee Secretariat)

Agenda Item	Meeting Business
1.	PRELIMINARY MATTERS
1.1	Welcome and Introductions
	The Committee Chair welcomed everyone to the meeting, particularly those joining for the first time, those observing, and colleagues joining for specific agenda items. The format of the proceedings in its virtual form was also noted.
1.2	Apologies for Absence
	Apologies were received from: <ul style="list-style-type: none"> • Geraint Hopkins – Independent Member • Ana Llewellyn – Nurse Director, Mental Health & Learning Disabilities • Colin Hatherley – South Wales Police • Gemma Moeller – South Wales Police



1.3	Declarations of Interest
	There were no declarations raised.
2. CONSENT AGENDA BUSINESS	
	The Chair reminded Members that the agenda had been reformatted to include consent agenda items at the end of the agenda and queried whether there were any items from the Consent Agenda (Item 8) that the Committee Members wished to bring forward to the main agenda for discussion. There were none.

3.	MAIN AGENDA
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3.1	Action Log
	<p>E. Walters presented the Action Log and provided an update.</p> <p>H. Lentle referred to item 3 on the Action Log regarding the electronic Welsh Community Care Information System (WCCIS) where it was proposed to be closed as the procurement process had commenced and advised that the Committee would need further assurance and timescales around the procurement process prior to agreeing to close the action.</p> <p>J. Denley, in response, advised that the risk was managed by the Quality, Safety & Experience Committee, however, it was also referred to within the risk report received by this Committee. J. Denley advised that this matter was at a commercially sensitive stage at present with potential providers being considered and that timelines would be clearer once a provider had been selected.</p> <p>A Beckham advised that Rhondda Cynon Taf Local Authority had commenced an overview of their current system and were in the process of considering system alternatives. A. Beckham advised that there were potential issues regarding the different systems being used by organisations, which was a risk for their integrated services.</p> <p>E. Walters sought clarity as to whether the Committee wished to keep the action open on the Action Log or whether they were happy for the action to be closed and captured within a future update report. The Committee Chair advised that she would be happy for the action to be closed, with progress updates to be presented to future meetings within the risk report and separate progress report.</p>
Resolution	The Action Log was NOTED .
Action	Action 5.2 to be closed on the Action Log with further updates to be received within the Risk Report and a separate progress report to be received at a future meeting.
3.2	Matters Arising not contained within the Action Log
Resolution	There were no matters raised.



3.3	Committee Annual Cycle of Business 2025
	<p>The Chair suggested that consideration needed to be given to the inclusion of spotlight presentations, Mental Health advocacy for example, and listening and learning stories into the Annual Cycle of Business.</p> <p>J. Denley advised that whilst discussions had been held with the Care Group Nurse Director for Mental Health & Learning Disabilities in relation to potential topics, only a small number of patients stories had been produced and did not necessarily relate to the Mental Health Act. J. Denley advised that she would give this some thought as to what could be presented to the next Committee and added that she would discuss more broadly with agency colleagues also.</p>
Resolution	The Annual Cycle of Business was APPROVED .
Action	To consider and discuss potential topics for spotlight presentations and listening and learning stories being received by the Committee.
4.	RISK MANAGEMENT ACTIVITY
4.1	Organisational Risk Register
	<p>E. Walters presented the Organisational Risk Register report, highlighting key points to Members. E. Walters advised that there was nothing to highlight to the Committee on this occasion with no risks increased or decreased and no risks proposed for closure.</p> <p>The Chair advised that a discussion in relation to the 'Right Care Right Person' risk would be held following presentation of the Risk Report at agenda item 5.3.</p>
Resolution	The Committee reviewed and considered the contents of the Organisational Risk Register
5.	IMRPOVING CARE
5.1	MHA Operational Group Report
	<p>R. Goodwin presented the report and highlighted a number of key points for the attention of Members.</p> <p>The Chair thanked R. Goodwin for the report and welcomed the significant progress being made against a number of areas.</p> <p>J. Denley reported that the transportation phase of the 'Right Care Right Person' was currently a risk and was being managed by the Joint Commissioning Committee (JCC) and advised that the Care Group leadership team had been working on a contingency plan and mitigations to manage this risk in preparation for the implementation of this change by South Wales Police.</p> <p>H. Proctor referred to the Place of Safety at Prince Charles Hospital which was now being funded differently. R. Goodwin advised that the Place of Safety room at Prince Charles Hospital had already undergone some improvements to make it more appropriate and advised that this was phase 2 of the improvements. J</p>



	<p>Denley added that whilst approval was awaited from Welsh Government in regards to capital funding for the Place of Safety at Prince Charles Hospital, she did not foresee the bid not being supported due to it being aligned to the 'Right Care Right Person' approach. Members noted that if funding was not received the Health Board has an alternative plan in place to prioritise the project within its own Capital Funding.</p> <p>H. Lentle commented that she echoed the statement made by the Chair in relation to the content of the report which was very re-assuring to read. In response to a query raised by H. Lentle as to whether there were any timescales available in regards to approval of capital funding, J. Denley advised that timescales were not known at present. G Hughes added that the place of safety at Prince Charles Hospital had been identified as a priority scheme at the last meeting of the Executive Capital Management Group, which would ensure that there would be allocated project management support and a sustainable solution for the Section 136 waiting times.</p> <p>The Chair referred to the Section 136 and the long waiting times and queried what with the aim was in regard to Places of Safety within A&E. J. Denley advised that ideally, the only patients who needed urgent medical treatment should be taken to A&E under the Mental Health Act. Members noted that the police service were reluctant to take people to A&E given the long waiting times, which was not ideal.</p> <p>J. Denley added that there might be an opportunity to reduce the number of patients conveyed to A&E by having a single 136 suite or a Place of Safety where patients could be observed safely, which could help address the concerns regarding self-reported issues and could potentially reduce unnecessary conveyances to A&E. Members noted that an item had been added to the forward plan for the Operational Group to conduct a deep dive into conveyances to A&E departments in order to understand the reasons and types of interventions needed, which could inform future models and opportunities for improvement.</p> <p>K. Palmer commented that the photographs that she had seen of the new place of safety room at Princess of Wales Hospital were impressive and added that she also welcomed the mental health training that was provided to Committee Members in January which she had found to be excellent.</p> <p>J. Denley expressed her thanks to the team for the significant amount of progress undertaken and the impact being made across the service. J. Denley referred to the recent unannounced inspection by Healthcare Inspectorate Wales (HIW) to Ward 7, an older adult mental health ward, which mirrored the positive feedback received following the last two or three unannounced visits, which identified no concerns raised by HIW in regard to the application and process of managing the Mental Health Act for patients in comparison to a few years ago.</p>
Resolution	The Operational Group Report was NOTED .



5.2	MHA Quarterly Activity Report – Breaches / Analysis of Unlawful Detentions
	<p>R. Goodwin presented the report on the activity data including errors and breaches regarding the application of the Mental Health Act within Cwm Taf Morgannwg University Health Board.</p> <p>G. Hughes advised that there were some interesting numbers within the report which was helpful to see and suggested that it might be helpful to undertake a statistical process control to identify any trends, particularly in regard to paragraph 2.3 and graph 2 that was showing a significant change in the number of detentions for older people in Rhondda Cynon Taff, with a step up of 5 to 6 detentions per month. G. Hughes suggested that a deep dive was undertaken on this matter and presented to a future meeting of the Committee to help Members understand where the detentions were occurring and to explore if there are any actions that can be taken to reduce the likelihood of detentions. J Denley advised that the chart had been amended so that it clearly identified increases and fluctuations. In response to a query raised by the Chair, J Denley advised that information would be included within the report for the next meeting in regards to trend and root causes in comparison to previous years.</p> <p>A Beckham advised that there was an anecdotal observation of older adults requiring more intensive specialist services either in the community or within the care home setting and efforts were being made to keep patients in care home settings where possible, with detention being the last resort. A Beckham added that the increase in detentions might be due to the fact that older adults were being kept in the community for longer periods with dementia or mental health conditions and when they eventually go into a care home, they are meeting the criteria to be detained. A Beckham advised that she would look to gather further information in regards to analysis of detentions. G Hughes added that this data would be helpful in relation to understanding the increase in co-morbidities.</p> <p>J. Denley informed the Committee that there was a wider piece of work being undertaken with dementia in-reach into care homes and part of wider work being undertaken in relation to the day services model, which was looking to release capacity to support care homes and revisit the mental health offer for older adults.</p>
Resolution	The Report was DISCUSSED and NOTED .
Action	To undertake a deep dive into adult mental health detentions within the RCT area and present to the next meeting of the Committee for discussion.
5.3	Risks Relating to Monitoring of the MHA
	<p>J. Denley presented the key issues from the report on current risks related to the Monitoring of the Mental Health Act.</p> <p>J. Denley advised that the Committee had already discussed most of the issues contained within the report during the meeting and added that it was evident that significant improvements were being made in a number of areas. Members noted that future reports would also include updates on 'Right Care Right</p>



	<p>Person' and the integrated clinical system, to ensure alignment with the updates being provided to the Quality, Safety and Experience Committee.</p> <p>J. Denley advised that medical staffing remained challenging particularly in the adult mental health directorate, which had been discussed at the Operational Management Board held earlier. Members noted that the Care Group had implemented good processes to manage this, including a 'safe to start' model and daily prioritisation based on risk. J Denley advised that whilst the medical staffing situation had improved slightly, it still remained fragile, with processes continuing to be put into place to manage the position.</p> <p>The Chair emphasised the importance of keeping sight on the hospital Place of Safety risk at Prince Charles Hospital and the new Mental Health Bill and queried whether there were any specific risks that needed to be addressed in relation to the Bill. R. Goodwin advised that there could be some challenges for the team once the Bill has been taken through Parliament with detention criteria being a significant risk, which may require clinical colleagues to undertake learning in relation to implications for individuals with personality disorders if treatability becomes a key condition for detention. Members noted that the advance directive aspect would likely be driven by Welsh Government to ensure consistency across Health Boards, as opposed to having seven separate approaches.</p> <p>A Jones sought an update on the discussion with regard to the Place of Safety at Prince Charles Hospital as she had been late joining the meeting. J. Denley recapped the discussion that was held.</p>
Resolution	The Committee NOTED the report.
5.4	Strategic Update from South Wales Police
	The Chair advised that there was no update from South Wales Police on this occasion due to apologies being received from South Wales colleagues at short notice. The Chair suggested that she would request South Wales Police colleagues to provide a written update outside of the meeting to be circulated to the Committee.
Resolution	The Report was NOTED .
Action	To request a written update from SWP and circulate to Committee Members outside of the meeting.
5.6	Strategic Update from Local Authority Partners – Verbal Update
	<p>Verbal updates were provided by colleagues from Rhondda Cynon Taff & Merthyr Tydfil Local Authority</p> <p>A Beckham extended her apologies for not being able to provide a presentation for the Committee on this occasion and advised that moving forward there would be a joint update from all three Local Authority colleagues.</p> <p>A Beckham highlighted some key matters for the Committee:</p>



	<ul style="list-style-type: none"> The review of policies and procedures was ongoing, with some postponed due to the need for coordination with the Health Board. The AMP (Approved Mental Health Professional) situation had improved slightly, with two members of staff expected to qualify soon, however, there were significant issues with experienced AMHPs retiring. The risk referred to earlier regarding the WCCIS system of having two separate systems for health and local authorities, which could impact upon integrated services and information accessibility. <p>A Jones highlighted key matters for the attention of the Committee:</p> <ul style="list-style-type: none"> The Place of Safety, remained a concern as it had been hoped that the work would have commenced in January and had been on the risk register for over two years due to it being unsafe for AMHPs conducting assessments in the current facility. There was an ongoing issue of arranging transport for detained patients, particularly Out of Hours for Section 135 and those held under the Act. This had also been discussed at the Mental Health Act Operational Group to review the policy on transport and the need for a timely and coordinated approach. The efforts of senior nurses in locating psychiatric beds despite the national shortage, should be acknowledged, however, this remained a challenge for AMHPs. <p>R. Goodwin, in response, advised that the Joint Commissioning Committee (JCC) were overseeing the transport issue but this had stalled a bit of late. However, he advised that he had undertaken some work on transport and there is hierarchy on transport along with the costs with the route being through the crisis team via a standard operating procedure. G Hughes suggested that transport issues could be discussed further at the Operational Management Board.</p>
Resolution	The Committee NOTED the updates.
Action	To provide a joint presentation for the next meeting of the Committee.
Action	Operational Management Board to discuss the issues raised in relation to transport.
6. CONSENT AGENDA	
6.1	FOR APPROVAL
6.1.1.	Unconfirmed Minutes of the Meeting held on 4 December 2024
Resolution	The minutes were approved as a true and accurate record subject to one minor amendment to the attendance list.
Action	To add H. Lentle as being in attendance at the meeting.



6.2	ITEMS FOR NOTING
6.2.1.	Forward Work Plan
Resolution	The Forward Work Plan was NOTED .
7.	OTHER MATTERS
7.1	Committee Highlight Report
	<p>Areas for escalation and inclusion in the Highlight Report were agreed upon. The Chair advised that the Corporate Governance Team would draft the report for approval by the Chair and Executive Lead outside the meeting.</p> <p>E. Walters suggested that the Committee should positively escalate some of the items described within the Operational Group Report to the Board, highlighting the significant progress and positive developments.</p>
7.2	Committee Forward Work Plan
	Members noted that the Forward Work Programme would be updated following discussions held at the meeting today in preparation for the next meeting in May 2025.
7.3	Any Other Business
	There was no other business raised.
7.4	How did we do today
	<p>The Chair invited Members to comment and reminded them that they could also relay feedback outside of the meeting.</p> <p>The Chair mentioned that there had been a few apologies received today and suggested that the Corporate Governance team check the distribution list to ensure that meeting invites were correct. The Chair advised that she would be hoping to meet with South Wales Police colleagues on a 1:1 basis to improve upon integration and joined up working.</p> <p>A Jones advised that the meeting had been very positive with good interaction.</p> <p>H Proctor suggested that the Committee could have an awareness session on the changes to the Mental Health Act Bill once in place to understand the implications in practice.</p>
8.	DATE AND TIME OF NEXT MEETING
8.1	13 May 2025



Mental Health Act Monitoring Committee – Non-Routine Committee Business Forward Plan

(1st January 2025 to the 31st December 2025)

This forward plan is only to be used for one-off Adhoc items that do not require inclusion as routine business on the Annual Committee Cycle of Business.

Date of Request	Origin of Request	Requestor	Item Summary / Title	Nature of Request	Lead Officer	Executive Lead	Intended Meeting Date	Status
June 2024	Mental Health Act Monitoring Committee	Committee	Deep Dive - Section 135 – Use and Code of Practice Compliance in CTM	Deferred from February Meeting	Chair MHA Operational Group	Gethin Hughes, Chief Operating Officer	May 2025	This item is on the agenda for the May 2025 meeting
December 2024	Mental Health Act Monitoring Committee	Committee	Hospital Managers Power of Discharge Committee Highlight Report	Deferred from February meeting	Chair, MHA Operational Group	Gethin Hughes, Chief Operating Officer	May 2025	This item is on the agenda for the May 2025 meeting
February 2025	Mental Health Team	Operational Group	Allocation of Responsible Clinician Procedure	Approved by Operational Group and awaiting endorsement by Executive Management Board	Chair, MHA Operational Group	Gethin Hughes, Chief Operating Officer	May 2025 – Deferred to August 2025	This item is on the agenda for the August 2025 meeting following endorsement by the EMB at their February 25 meeting.
February 2025	Email request	Deputy COO / Director of Primary, Community, Mental Health and LD	Section 136 conveyance to Emergency – review of standards against code of practice and local policy	Email request following review of forward work plan	Chair MHA Operational Group	Gethin Hughes, Chief Operating Officer	May 2025	This item is on the agenda for the May 2025 meeting
February 2025	Mental Health Act Monitoring Committee	Committee	Deep Dive – Mental Health Detentions within RCT	To undertake a deep dive into adult mental health detentions within the RCT area and present to the next meeting of the Committee for discussion.	Chair MHA Operational Group	Gethin Hughes, Chief Operating Officer	May 2025	This item is on the agenda for the May 2025 meeting

COMPLETED ITEMS:

February 2025	Mental Health Act Monitoring Committee	Committee	South Wales Police – Highlight Report	To request a written update from SWP and circulate to Committee Members outside of the meeting.	South Wales Police Colleagues	Gethin Hughes, Chief Operating Officer	May 2025 & Prior	As of April 2025, it was agreed with the Executive Lead and Committee Chair that South Wales Police would present reports on an ad hoc basis due to their frequent attendance at Operational Group Meetings. If escalation is needed, it will be presented to the Committee.
January 2025	Mental Health Team	Operational Group/Executive Management Board	Section 117 Standard Operating Procedure	Approved by Operational Group and endorsed by Executive Management Board 24.11.24 and to be noted by MHAMC.	Chair, MHA Operational Group	Gethin Hughes, Chief Operating Officer	February 2025	This item is on the agenda for the February 2025 meeting.



Agenda Item

6.2.2

Mental Health Act Monitoring Committee

Committee Annual Cycle of Business 2025

Dyddiad y Cyfarfod / Date of Meeting	13/05/2025
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Tyler Lewis, Corporate Governance Officer
Cyflwynydd yr Adroddiad / Report Presenter	Emma Walters, Head of Corporate Governance and Board Business
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance / Board Secretary

Pwrpas yr Adroddiad / Report Purpose	For Noting
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
(Insert Details)	Click or tap to enter a date.	

Acronyms / Glossary of Terms	



1. Situation /Background

- 1.1 The Mental Health Act Monitoring Committee should, on annual basis, receive a Cycle of Business which identifies the reports which will be regularly presented for consideration. The annual cycle is one of the key components in ensuring that the Committee is effectively carrying out its role.
- 1.2 The Cycle of Business covers the period 1 January 2025 to 31 December 2025.

2. Specific Matters for Consideration

- 2.1 The Cycle of Business has been developed to help plan the management of Committee matters and facilitate the management of agendas and Committee business.

3. Key Risks / Matters for Escalation

- 3.1 Please refer to **Appendix 1** – Mental Health Act Monitoring Committee Cycle of Business for further detail.

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM /Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM /Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Learning, Improvement & Research
	If more than one applies please list below:
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Safe
	If more than one applies please list below:



Effaith Amgylcheddol / Cynaliadwyedd (5R) / Environmental / Sustainability Impact (5Rs)	No - Not Applicable	
	If more than one applies please list below:	
Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: Not required
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: Not required
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau <i>(Pobl / Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

5.1 The Committee are asked to **NOTE** the Annual Cycle of Business.

6. Next Steps

6.1 There are no next steps required.



Mental Health Act Monitoring Committee (MHAMC) – Annual Cycle of Committee Business

(1st January 2025 to the 31st December 2025)

The Annual Cycle of Committee Business has been developed to help plan the management of Committee matters and facilitate the management of agendas and committee business. The Annual Cycle of Committee Business will be complemented by a "Non-Routine Committee Business (Forward Plan)" for 'one-off' Adhoc items raised during the course of meetings.

The role of the Committee is set out in CTMUHB's standing orders and the Terms of Reference, both of which are available here: [Standing Orders & Standing Financial Instructions - Cwm Taf Morgannwg University Health Board \(nhs.wales\)](#)

The Mental Health Act Monitoring Committee (MHAMC) meets at **least 4 times per annum**.

Committee Chair: <ul style="list-style-type: none"> Kath Palmer, Vice Chair of the Health Board 	Committee Vice Chair <ul style="list-style-type: none"> Geraint Hopkins, IM Local Authority 	Executive Leads for Agenda Planning <ul style="list-style-type: none"> Gethin Hughes, Chief Operating Officer (supported by the Deputy COO for PCC and MHLD)
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CTMUHB Committee Business:

Items of Business	Executive Lead / Or External Representative	Reporting Frequency	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Consent Agenda	Main Agenda
Committee Governance Arrangements																
1. Action Log	Director of Corporate Governance / Board Secretary	All Regular Meetings		R			R			R			R		R If all actions are complete	R If there are actions in progress / overdue actions
2. Minutes of the previous meeting (Public and Closed Session)	Director of Corporate Governance / Board Secretary	All Regular Meetings		R			R			R			R		R	X
3. Non-Routine Committee Business (Forward Plan)	Director of Corporate Governance / Board Secretary	All Regular Meetings		R			R			R			R		R	X
4. Annual Cycle of Business	Director of Corporate Governance / Board Secretary	All Regular Meetings		R Annual Review			R			R			R		R Except for the annual review in November	R Annual Review only
5. Committee Annual Report	Director of Corporate Governance / Board Secretary	Annually					R								X	R
6. Outcome of Annual Committee Self-Assessment	Director of Corporate Governance / Board Secretary	Annually								R					X	R

Items of Business	Executive Lead / Or External Representative	Reporting Frequency	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Consent Agenda	Main Agenda
Committee Governance Arrangements CONTD																
7. Terms of Reference Review	Director of Corporate Governance / Board Secretary	Annually											R		X	R
Risk Management Activity																
8. Organisational Risk Register	Director of Corporate Governance / Board Secretary	All Regular Meetings		R			R			R			R		X	R
Governance & Assurance																
9. Shared Listening and Learning Story	Julie Denley, Deputy Chief Operating Officer (Mental Health, Primary Care and Community)	Twice Per Annum					R Not being shared at this meeting						R		X	R
10. Report from the Mental Health Act Operational Group	Julie Denley, Deputy Chief Operating Officer (Mental Health, Primary Care and Community)	All Regular Meetings		R			R			R			R		X	R
11. Deep Dive Spotlight	Julie Denley, Deputy Chief Operating Officer (Mental Health, Primary Care and Community)	All Regular Meetings (as required)		R			R			R			R		X	R
12. Mental Health Act Quarterly Activity Report / Breaches/Analysis of Unlawful Detentions – Mental Health Act	Julie Denley, Deputy Chief Operating Officer (Mental Health, Primary Care and Community)	All Regular Meetings		R			R			R			R		X	R
13. Strategic Update from South Wales Police (Based on the identification of the key challenges / strategic areas in relation to Mental Health.	South Wales Police	As and when required		R			R			R			R		X	R

Items of Business	Executive Lead / Or External Representative	Reporting Frequency	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Consent Agenda	Main Agenda
Governance & Assurance Cont.																
14. Strategic Update from Local Authority Partners (Based on the identification of the key challenges / strategic areas in relation to Mental Health.	Local Authority Partner's	All Regular Meetings		R			R			R			R		X	R
15. Highlight Report from the Provision of Discharge Sub Committee	Julie Denley, Deputy Chief Operating Officer (Mental Health, Primary Care and Community)	All Regular Meetings (if available)					R			R			R		X	R
16. Mental Health Strategic Developments in Wales	Julie Denley, Deputy Chief Operating Officer (Mental Health, Primary Care and Community) / Clinical Service Group Manager MH Care Group	Six Monthly					R						R		X	R