

Agenda

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

5 min

1.1. Welcome and Introductions

Information *Kath Palmer, Vice Chair/Chair of Committee*

1.2. Apologies for Absence

Information *Kath Palmer, Vice Chair/Chair of Committee*

1.3. Declarations of Interest

Information *Kath Palmer, Vice Chair/Chair of Committee*

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

0 min

Kath Palmer, Vice Chair/Chair of Committee

The Committee Chair will ask if there are any items from the Consent Agenda (Section 8) that Committee Members wish to bring forward to the main agenda for discussion.

13:05 - 13:15 **3. COMMITTEE GOVERNANCE ARRANGEMENTS**

10 min

3.1. Action Log

Discussion *Kath Palmer, Vice Chair/Chair of Committee*

 3.1 Action Log MHAMC 19 February 2025.pdf (1 pages)


3.2. Matters arising not contained within the action log

Discussion *Kath Palmer, Vice Chair/Chair of Committee*

3.3. Committee Annual Cycle of Business

Decision *Emma Walters, Head of Corporate Governance*

 3.3 Annual Cycle of Business MHAMC 19 February 2025.pdf (3 pages)

 3.3a CTMUHB MHAMC Cycle of Business - Final Draft 278245.pdf (3 pages)

13:15 - 13:30 **4. RISK MANAGEMENT ACTIVITY**

15 min

4.1. Organisational Risk Register

Discussion *Emma Walters, Head of Corporate Governance*

 4.1a Org RR Cover Report MHAMC 19 February 2025.pdf (6 pages)

13:30 - 14:30 5. GOVERNANCE & ASSURANCE

60 min

5.1. MHA Operational Group Report

Discussion Robert Goodwin, Directorate Manager, CAMHs and Specialist Services

5.1 MHA Op Group Report MHAMC 19 February 2025.pdf (16 pages)

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

Discussion Robert Goodwin, Directorate Manager, CAMHs and Specialist Services

5.2 MHA activity report Q3 MHAMC 19 February 2025.pdf (27 pages)

5.3. Risks Relating to Monitoring of the MHA

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

5.3 Risks Related to Monitoring of MHA Q3 MHAMC 19 Feb 25.pdf (5 pages)

5.4. Strategic Update from South Wales Police - Verbal

Discussion SWP colleagues

5.5. Strategic Update from Local Authority Partners - Verbal

Discussion Local Authority Partners

14:30 - 14:45 6. CONSENT AGENDA

15 min

6.1. ITEMS FOR APPROVAL

6.1.1. Unconfirmed Minutes of the meeting held on 4 December 2024

Approval Kath Palmer, Vice Chair

6.1.1 Unconfirmed Minutes 4.12.24 MHAM Committee 19 February 2025.pdf (6 pages)

6.2. ITEMS FOR NOTING

6.2.1. Forward work programme

Discussion Kath Palmer, Vice Chair/Chair of Committee

6.2.1 Forward Work Plan MHAMC 19 February 2025.pdf (2 pages)

6.2.2. Section 117 Standard Operating Procedure

Information Gethin Hughes, Chief Operating Officer

6.2.2 S117 Standard Op Procedure MHAMC 19 February 2025.pdf (4 pages)

6.2.2a S117 Standard Operating Procedure.pdf (5 pages)

14:45 - 14:55 7. CLOSE OUT BUSINESS

10 min

7.1. Committee Highlight Report

Discussion Kath Palmer, Vice Chair/Chair of Committee

7.2. Any Other Urgent Business

Discussion Kath Palmer, Vice Chair/Chair of Committee

7.3. Meeting Feedback

Discussion kath Palmer, Vice Chair/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?

14:55 - 15:00
5 min

8. DATE AND TIME OF NEXT MEETING - 13 MAY 2025 AT 13:00PM

Information Kath Palmer, Vice Chair/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	5,2	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	Propose to close	Decision made to move away from the DHCW National Programme of the Mental Health Single Clinical Record with a view to procuring a system. Business Case approved 17 th Oct and submitted to WG for funding. Procurement started.
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	feb-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.
PREVIOUSLY CLOSED ACTIONS									
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

Committee Annual Cycle of Business 2025

Dyddiad y Cyfarfod / Date of Meeting	19/02/2025
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Kathrine Davies, Corporate Governance Manager
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 Approval
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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 **APPROVE** 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**.

<p>Committee Chair:</p> <ul style="list-style-type: none"> Kath Palmer, Vice Chair of the Health Board 	<p>Committee Vice Chair</p> <ul style="list-style-type: none"> Geraint Hopkins, IM Local Authority 	<p>Executive Leads for Agenda Planning</p> <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	R
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	R
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						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	All Regular Meetings		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. Crisis Care Concordat National and Local Update	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



Agenda Item

4.1

Mental Health Act Monitoring Committee

Organisational Risk Register

Dyddiad y Cyfarfod / Date of Meeting	19 February 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	November / December 2024	RISKS REVIEWED
Operational Management Board	November / December 2024	ENDORSED RISKS WHERE APPLICABLE FOR ELG
Executive Leadership Group	Via email 10 January 2025	MANAGEMENT SIGN OFF RECEIVED
Quality, Safety & Experience Committee	21 January 2025	ASSIGNED RISKS REVIEWED.
Audit, Risk & Assurance Committee	13 February 2025	RISKS REVIEWED

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.

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. This will be a continuous improvement area that Members will hopefully note will evolve and improve over the next 12 months.
- 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 3 January 2025. Where review dates have passed, and updates were not available these have been followed up and a request to update sent. Reviews received after this date will be reflected in the next iteration.
- 2.6 The unprecedented demand and operational challenges seen during December 2024 and January 2025 has impacted the Operational Teams capacity to undertake a full review of risks and therefore as noted in Appendix 1 there are three risks that have not been reviewed this period, however, the Care Group Senior Management Team have confirmed that they will endeavour to ensure a review is captured in the next iteration.
- 2.7 The risks on the Organisational Risk Register have been reassigned to align with the new Committee Structure implemented in January 2025.
- ### Training
- 2.8 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.



- 2.9 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
- 2.10 To date **765** 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. In addition to this number training has also been provided to the Joint Commissioning Committee Senior Leadership Team during this period and their feedback is captured in the evaluations at 2.1.4.
- 2.11 Focussed sessions to discuss risk have also been undertaken with Care Group Leads and other departments/directorates as required.
- 2.12 101 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 4.78 out of a maximum score of 5.
- 2.13 100% of the 101 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.
- 2.14 99% of the 101 attendees providing formal feedback said they felt more confident to escalate a risk through the organisation.
- 2.15 Some of the recent comments from the session in June, received through evaluation, have been included below:
- *Easy to follow and enough information to have a clear understanding of the risk escalation process and how to appropriately document risks.*
 - *I am new to Risk. I found the session very interesting and informative. The presenter was a great speaker and gave good explanations and examples to follow.*
 - *"I'm new to NHS so this session was invaluable*

3. Key Risks / Matters for Escalation

3.1 NEW RISKS

Nil as reported to the Organisational Risk Register in January 2025.



3.2 CHANGES TO RISKS

Risk Score Increased

Nil as reported to the Organisational Risk Register in January 2025.

Risk Score Decreased

Nil as reported to this Committee.

3.3 CLOSED RISKS REMOVED FROM THE ORGANISATIONAL RISK REGISTER

There were no risks escalated to the Organisational Risk Register that were closed this period.

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

Consequence	5					
	4				5646	
	3					
	2					
	1					
CxL	1	2	3	4	5	Likelihood

3.5 EMERGING RISKS

Nil as reported 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:
	A Resilient Wales



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)	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 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 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

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
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>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>Then: In some circumstances the Health Board will not be able to routinely call upon SWP to assist with people in mental health crisis or with social care issues, for example, missing patients, welfare checks and supervising people who are detained on S236 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 January 2025 - Risk reviewed no change</p> <p>RCRP Health Board Regional Position meetings with SBUHB and CAVJHB implemented</p> <p>Phases 3+4 implementation delayed until 10/03/25 - correspondence available from South Wales Police.</p> <p>RCRP is MILD Care Group top investment priority in 2025/26 IHTP.</p>	Quality, Safety & Experience Committee Mental Health Act Monitoring Committee	16	CxL4	12 (CXL4)	↔	08.12.2023	07.01.2025	31.03.2025

Datix ID	Strategic Risk owner	Strategic Objective	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Rating (Target)	De-escalation Rationale
Nil as assigned to this Committee											

	A	B	C	D	E	F	G	H	I	J	K
	Datix ID	Strategic Risk owner	Strategic Objective	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Month Closed on Org RR	Closure Rationale
1											
2	No risks proposed for closure from the Organisational Risk Register this period.										



Agenda Item

5.1

Mental Health Act Monitoring Committee

MENTAL HEALTH ACT OPERATIONAL GROUP REPORT

Dyddiad y Cyfarfod / Date of Meeting	19/02/2025
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 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

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

AWOL	Absent Without Leave
SOAD	Second Opinion Appointed Doctor



1. Situation /Background

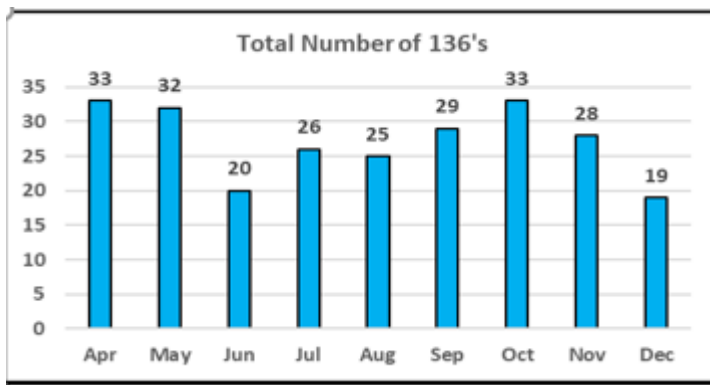
1.1 The Operational Group has met on one occasion since the last meeting of the Mental Health Act Monitoring Committee which took place 4 December 2024. The meeting on 31st January 2025 was well attended with representatives from across Adult, Older Adult and CAMHs, Mental Health Act Team, Social Services, IMHA Service and South Wales Police.

2. Specific Matters for Consideration

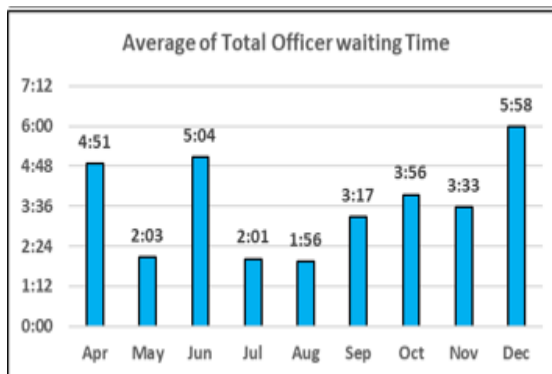
2.1 Waiting Times for Section 136 Assessments April – December 2024

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.

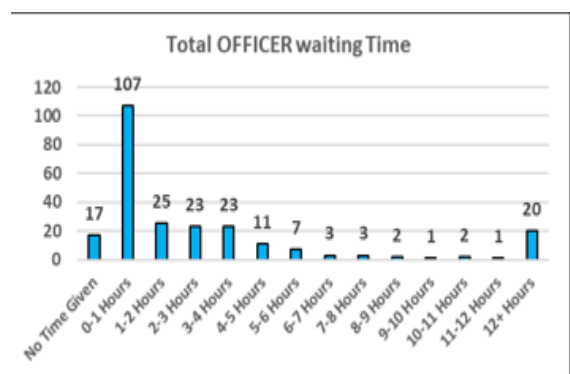
Graph 1. Total No. of Section 136 Detentions



Graph 2. Average of Total Officer Waiting Time



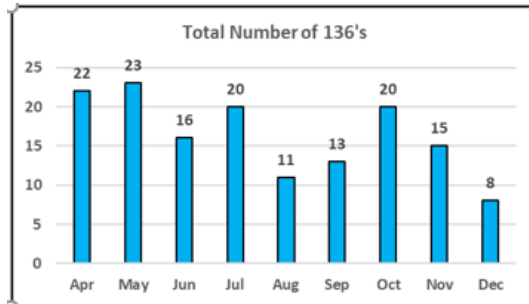
Graph 3. Total Officer Waiting Time



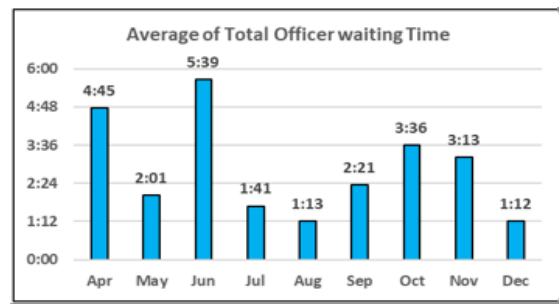
Graph 2 above shows a rise in average waiting times for the Police which is the result of a small number of very long waits in the Health Board's A&E Departments.

Place of Safety is the Health Board Access Point

Graph 4. Total No. of 136 Detentions

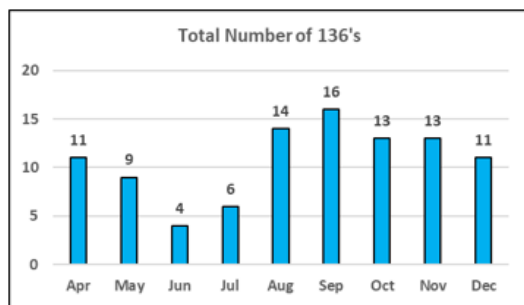


Graph 5. Average of Total Officer Waiting Time

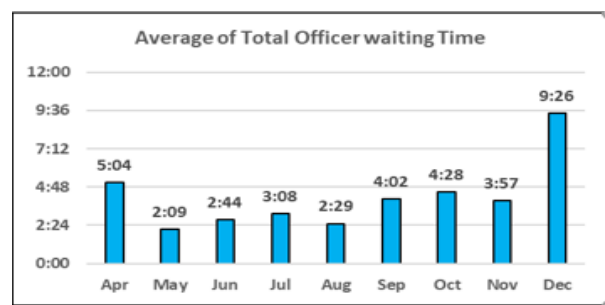


Emergency Department is the Health Board Access Point

Graph 6. Total No. of 136 Detentions



Graph 7. Average of Total Officer Waiting Time



It is encouraging that average Police Officer waiting times where the place of safety is the Health Board's access point reduced to 1hr 12mins in December. In the same month the average wait for a small number of Emergency Department presentations was 9hrs 26 mins.


This information will be an important resource when detailed discussions begin with the South Wales Police about planned changes to Section 136 conveyance and handover arrangements due to come into effect in March 2025.



2.2 South Wales Police roll out of “Right Care Right Person”

The Nurse Director for Mental Health and Learning Disabilities was leading a group preparing for the roll out of the above which began with a new approach to welfare checks from 26 February 2024. The Phase 2 Implementation Relating to AWOL's and Walkouts went live on 16 September 2024.

Phases 3 & 4 explained



Right Care, Right Person phase 3 deals with the transportation/conveyance of patients and phase 4 relates to patients detained under Section 136 of the Mental Health Act.

Phase 3 – Transportation of Patients – Ensuring the correct decisions are made in relation to the transport of patients with physical and/or mental health needs. This objective aims to establish alternative transportation arrangements and resources for patients minimising police involvement.

Phase 4 – Patients detained under Section 136 of the Mental Health Act – The focus here will be on improving the experience of patients in crisis, ensuring handovers take place in an hour where possible. Identifying the barriers in treatment and care pathways and ensuring joint protocols mirror guidance are the primary areas of work.

Phase 3 and 4 are to go live on 10th March 2025. The next South Wales Police briefing is due to be held on 7th February 2025. Partners have requested involvement in the development of a new Section 136 Policy with further information likely at the briefing event. Operational arrangements are being refined in the Health Board to give Crisis Teams responsibility for co-ordinating the Health Board response to Section 136 including the handover arrangements. Information on Police waiting times is being closely monitored and initiatives have been and are being developed to reduce patient waiting times for assessment. A review of secure transport arrangements has also been completed to assist when secure conveyance is required.

2.3 Mental Health Act Activity Report Q3, October - December 2024

Use of Section 5(2) Doctor's Holding Powers had reduced from 23 in Q2 to 19 in Q3. This remained above trend and was thought to reflect medical staff challenges. The Group discussed the need to identify recurrent use of Section 5(2) on individual patients as an indicator that formal detention should be considered. This information would be collected for the next meeting. The Group noted the positive reduction in the use of Section 62 Emergency Treatment from 20 in Q2 to 7 in Q3. The Operational Group had also suggested in its previous meeting that this earlier rise could be connected to medical staff challenges. Section 4 had not been used in Q3, again reassuring from the perspective of medical staff challenges not impacting on the way the Mental Health Act is used. There were 0 lapses in Q1, Q2 and Q3 which was recognised as a significant achievement. The use of Section 136 had reduced from 79 in Q2 to 72 in Q3. Section 135 remained the same at 3. The Operational Group were closely

monitoring these trends and their relationship to the South Wales Police “right care right person” initiative.

2.4 Mental Health Act Errors and Breaches Q3, October - December 2024

The number of minor rectifiable errors had reduced from 7 in Q2 to 6 in Q3. All related to errors on the AMHP form HO2. This was discussed in the regular regional AMHP meeting. There were no fundamental breaches in Q2 and Q3. The Group recognised this improvement and the focus on scrutiny arrangements.

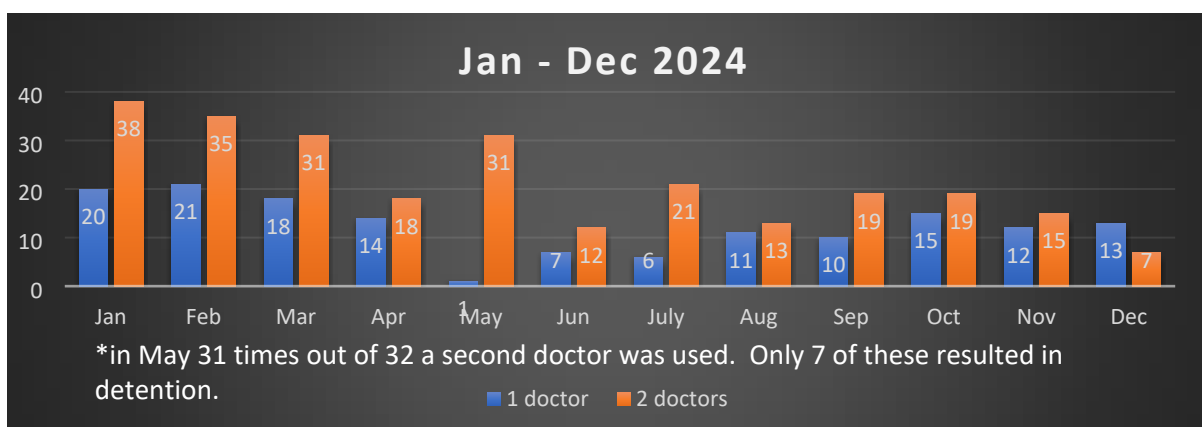
2.5 Place of Safety Facilities in the Health Board

The Group considered the Place of Safety arrangements in Prince Charles Hospital. Concern had been expressed about the risk relating to unaccompanied AMHP’s staying with patients in the Place of Safety. 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. Capital costs had been prepared for the upgrading of the facility and a risk assessment drawing upon RCPsych Quality Standards had been developed. The Prince Charles Hospital place of safety is on the Care Group’s Risk Register. The Capital request has been moved to form part of the Health Board’s bid against the Welsh Government Targeted Estates Fund.

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 doctors as part of the assessment process.

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



Following discussion in the Senior Medical Staff Committee and general awareness raising the number of second doctor assessments has for the first



time in 12 months fallen below the number of single doctor assessments. The Group were hopeful that this would help improve assessment times for patients.

2.7 Section 117 Aftercare - Review of Registers

Some people who have been kept in hospital under the MHA are entitled to receive free help and support after they leave. The law that gives this right is Section 117 of the Mental Health Act. It is often referred to as 'Section 117 Aftercare'. 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. Work to validate the register is continuing.

A meeting with colleagues from Adult Community Mental Health Teams was held recently to discuss the development of some standards which could be reviewed as part of an audit process. The following possible areas were considered:

- Name of Care Co-ordinator
- S117 review date
- Contact intervals
- Review criteria
- Compliance with the Standard Operating Procedure (SOP)
- Termination of S117 Aftercare

These standards would be further considered to help with the development of an audit tool.

2.8 Review of Section 135

The Group had established the 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. In a recent meeting the following areas were considered for review:

- Number of applications made for S135 warrants
- How many were executed
- How many were assessed in a health place of safety
- Conveyance issues
- Breakdown of S135(1) and S135(2)
- Outcomes of S135

The sub group would further develop proposals drawing on standards within the Code of Practice.



2.9 Self-Assessment against HIW unannounced visit to Hafod Y Coed in July 2024

Following a request from the Director of Mental Health Nursing to consider any lessons within the Adult Mental Health Directorate following the above HIW visit to a Cardiff & Vale University Health Board facility a self-assessment was completed against 47 recommendations made in the subsequent action plan. The Operational Group considered those related to the Mental Health Act.

Assurance was provided that weekly inpatient area audits are in place to ensure Mental Health Act legal status is recorded on medication charts. Hard copies of the Code of Practice are available on all of the wards. It was noted that a patient's ethnicity is recorded within the AMHP reports. There was an action in relation to the recording of risk assessments within the Section 17 leave documentation. The Mental Health Act Team agreed to ensure that this was included within the agreed Audit Management and Tracking system (AMaT) tool being rolled out in Adult Services. There was also a concern raised about a delay in seeking a SOAD review following the use of Section 62 for urgent treatment. There were not understood to be any such delays recorded within our Health Board.

2.10 Mental Health Act Assessments in custody

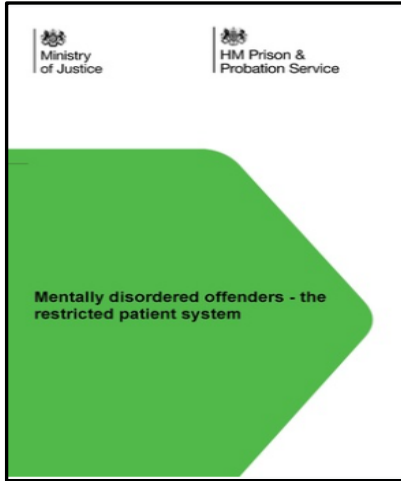
The AMHPs in the Group raised the issue of MHA assessments in local custody suites. The recent notification that the Forensic Medical Examiner would no longer be attending custody suites to assist with mental health assessments had increased the challenge of delivering a prompt response. Whilst the custody suites worked well with the staff from the criminal justice liaison team there were sometimes delays in providing the necessary medical input for a MHA assessment. The Group discussed the lack of a daytime on call medical system for emergency medical assessment work and confirmed the catchment area Consultant would be the first point of contact for the AMHP. It was acknowledged that the existing medical challenges and balancing workload demands had an impact on response times rather than activity levels. The Operational group agreed to monitor custody suite assessments going forward.

2.11 Process for managing incidents where patients who are liable to be detained leave prior to admission

The Group discussed the arrangements for managing such incidents and the lack of a clear policy framework. These situations where a patient had not been formally admitted were not dealt with within the new AWOL policy. A small sub group would be convened to develop a short procedure and report back.



2.12 Mentally Disordered Offenders - The Restricted Patient System



Restricted patients are mentally disordered offenders who are detained in hospital for treatment and who are subject to special controls by the Secretary of State for Justice. They include offenders who are diverted from the Courts to the hospital system and those who are transferred to a secure hospital from prison and made subject to a restriction order or direction.

The Group considered the patient information provided for patients subject to Part III of the Act. This included a joint Ministry of Justice/HM Prison and Probation Service letter giving information on Patient's Rights. The patient information leaflet 19

Section 47 (and Section 49): Transfer to Hospital of a person serving a sentence of imprisonment with restrictions and leaflet 20 Section 48 (and Section 49): Transfer to Hospital of an unsentenced prisoner from a remand prison or remand centre with or without restrictions were also considered. The Group were starting to review arrangements for Part III patients and noted 7 patients were admitted into our inpatient Mental Health facilities in 2024.

2.13 The Mental Health Bill 2025

In 2022 the Government published the draft Mental Health Bill. It aimed to modernise the Act to redress the balance of power from the system to the patient and review elements of the framework for detention and treatment. They wanted to provide enhanced protections and support for people when detained, strengthening their voice, choice and rights. The Operational Group co-ordinated the submission of the Health Board's consultation on the draft Bill which was introduced to Parliament in November 2024.

Policy Overview - MH

<p>Ensure that detention and treatment under the MHA takes place only when necessary</p> <ul style="list-style-type: none"> ○ Revise the detention criteria: <ul style="list-style-type: none"> ○ risk of serious harm either to themselves or to others ○ therapeutic benefit. ○ Shorted detention periods. ○ More frequent reviews of detention and increased access to Mental Health Tribunal (MHT). ○ Guardianship burden of proof revised. ○ Revise the criteria for the use of Community Treatment Orders (CTOs), and enhance the professional oversight required for any CTO. 	<p>Strengthen the voice of patients – ensuring service users' views and choices are respected</p> <ul style="list-style-type: none"> ○ Statutory Care and Treatment Plans, that must be created with the patient & those close to them. ○ Clinical checklist – clinicians must consider patient's wishes, feelings, beliefs and values. ○ Strengthen treatment safeguards – including increased access to SOADs and a new threshold for giving compulsory treatment. ○ Nominated person (NP) – replace the nearest relative (NR) ○ Extend access to IMHA to informal patients and introduce an opt-out system for detained patients. 	<p>Strengthen and improve the statutory roles and duties:</p> <ul style="list-style-type: none"> ○ Nominated person (NP) – replace the nearest relative (NR) ○ Extend access to IMHA to informal patients and introduce an opt-out system for detained patients. ○ Place a statutory duty on hospital managers to supply complaints information to both the patient and the NP. ○ Clarify who is responsible for arranging s117 after care. ○ Extend the power of the tribunal to make recommendations regarding the patient's care to facilitate timely discharge. ○ End police cells as a place of safety
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Key changes since draft Bill and Pre-Legislative Scrutiny

This revised Bill takes forward several key recommendations made in the Joint Committee's Report:

Principles – the revised Bill now amends Section 118 of the Act, with the effect of imposing statutory requirements in relation to the content of the Code of Practice (the statutory guidance which sits alongside the Act) to include the wording of the Independent Review's principles (choice and autonomy, least restriction, therapeutic benefit, and the person as an individual).

Detention Criteria – The previous Government committed to reviewing the wording in the detention criteria, following a recommendation from the Joint Committee with regards to the requirement for clinicians to consider 'how soon' harm may occur. The Joint Committee heard this could be interpreted as requiring harms to be imminent to justify detention, and this also risked dissuading clinicians from making beneficial interventions at an earlier stage. The revised Bill takes forward this change by removing 'how soon' from the detention criteria.

Discharge - the revised Bill now requires the Responsible Clinician to consult another professional involved in a patient's care, who is from a different discipline, before taking the decision to discharge. This aims to formalize best practice and reflects the findings from the CQC s48 report. Further statutory guidance around discharge will be included in the revised Code of Practice.

Advance Choice Documents – the revised Bill introduces duties on Integrated Care Boards, NHS England and Local Health Boards (in Wales) to make arrangements so that people are informed about Advance Choice Documents and provided with appropriate help to create one. This will encourage people at risk of admission or detention in MH hospital to state their wishes and preferences in advance, so they can be considered at a future point should they become too unwell to express these things at the time.

Nominated Person - the revised Bill now removes the requirement for the Approved Mental Health Professional (AMHP) to see the Nominated Person in person as part of the appointment process. This responds to the recommendation from the Joint Committee, following concerns that an in-person process would place an unrealistic new burden on AMHPs.



2.14 Hospital Managers Power of Discharge Committee Meeting

The Group reviewed the minutes of the Power of Discharge Committee held on Wednesday 15 January 2025. The meeting was well attended by 10 of the Health Board's Hospital Managers. There had been 13 Hearings held in Q3 with 20 referrals having been received. 12 of the detentions were upheld and 1 Hearing was adjourned. The Group discussed the particular challenges presented when the patient was a refugee. The Group agreed to consider the provision on focussed training in this area. The Group noted the Mental Health Act training session provided to some of our Independent Members which took place on 27th January 2025. The Power of Discharge Committee was due to meet next on 16th April 2025. A schedule of meetings for the year would be discussed at this meeting.

2.15 Independent Mental Health Advocacy Q2 & Q3 Reports (July – December 2024)

172 referrals were reported to have been received in both Q2 and Q3. Increasing numbers were being received from the Princess of Wales Hospital but still some way to go to match other DGH sites. 3 people on a Community Treatment Order were assisted over the 6-month period. There were a number of helpful case studies in the reports for example 1 which described work to facilitate discharge home in a safe way. The aim was to promote the least restrictive option of a home rather than a care home discharge. Another case study involved the promotion of escorted and unescorted leave for a patient who was restricted to the ward. Helping patients to gain the confidence to raise their own issues was seen as important. The reports highlighted some challenges in relation to medical cover on some Adult Mental Health wards which was affecting the frequency of ward rounds. The IMHA Service reported many positive relationships between

Health and Social Care staff and noted the positive impact of Social Work staff visiting the wards.

2.16 New Tribunal Meeting Room Arrangements Princess of Wales Hospital.

The new Tribunal room arrangements had been brought into use in a meeting room above Ward 14 and PICU. Initial feedback was very positive with patients no longer needing to be escorted to the Postgraduate Medical Centre.

Before



After



2.17 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. For ratification in the MHAMCM on 13.05.25 following approval at Executive Management Board in April 2025.
New	Standard Operating Procedure for S117	AT	Agreed at the Operational Group meeting on 07/11/2024. And Executive Management Board 24.11.24. For ratification in the MHAMCM on 19/02/2025.
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

The Group discussed changes to the allocation of Responsible Clinician Policy and noted the inclusion of a section in relation to Conditionally Discharged patients. The process for allocation of responsibilities within the Royal Glamorgan Hospital Mental Health Unit had also been clarified.

2.18 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.	May 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.	February 2025
Nominated Adolescent Bed on Adult MH Wards	Policy work and training to be concluded in order to support the transfer of this service to Ward 14 POWh.	February 2025
Review of the Section 135	A sub group will be established to develop some audit standards relating to the requirements of the Code of Practice and local policy.	May 2025
Review of Section 117	An audit tool will be developed to measure our practice against the standards within the Code of Practice and our local policy.	May 2025
Quality Impact Assessment	Screening exercise to be completed by the Operational Group.	May 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

Whilst new arrangements have been agreed in relation to Crisis Team staff accompanying the AMHP when a Section 136 presents work on the physical improvements to the place of safety have yet to be concluded. This scheme has been submitted for Welsh Government Capital funding.

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 5(2) and Section 62

Whilst there had been a substantial reduction in the use of Section 62 Emergency Treatments the use of Section 5(2) Doctors Holding Powers remained at a raised level. This may indicate challenges with medical staff cover and would continue to be monitored.

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 substantially in December 2024. 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 Assessments in Custody

The AMHPs have highlighted a concern about waiting times for assessment whilst in custody. The Operational Group will consider how best to monitor the situation in order to keep the issue under review.



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 Person Centred
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 work of the MHA Operational Group.



Agenda Item

5.2

Mental Health Act Monitoring Committee

**MHA Activity Report with Breaches and Errors for
Quarter 3
(Oct - Dec 2024/25)**

Dyddiad y Cyfarfod / Date of Meeting	19/02/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Mr Jeremy Burgwyn - Mental Health Act Team Leader
Cyflwynydd yr Adroddiad / Report Presenter	Mr Robert Goodwin – Directorate Manager, CAMHS and Specialist Services
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Julie Denley, Executive Director of Primary Care Community and Mental Health

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
Mental Health Act office staff/ MHA Operational Meeting	08/01/2025	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 Cwm Taf Morgannwg University Health Board (CTMUHB). This report presents the Mental Health Act (MHA) activity to the MHA Monitoring Committee in respect of Q3 (Oct - Dec 2024/25).
- 1.2 Section 15 of the Act allows for the rectification of statutory detention documentation completed by Doctors and Approved Mental Health Professionals (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 Child & Adolescent Mental Health Services (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

There has been an overall increase of 5.5% in adult detentions from 110 in Q2 to 116 in Q3. The use of section 5(2) has decreased by 17% from 23 in Q2 to 19 in Q3. Section 2s have increased slightly by 4.8% from 63 in Q2 to 66 in Q3. Section 3 detentions have also increased by 11.8% from 17 in Q2 to 19 in Q3. Out of area detentions have gone from 2 in Q2 to 6 in Q3.

There were 4 occasions where the section 5(4) nurses holding power was used. Two were in Pinewood house which both went to section 5(2). One was on admissions ward RGH which went to informal following review and the other was on St David's ward RGH which went straight to a section 2.

There was no use of section 4 emergency detentions this quarter.



Graph 1

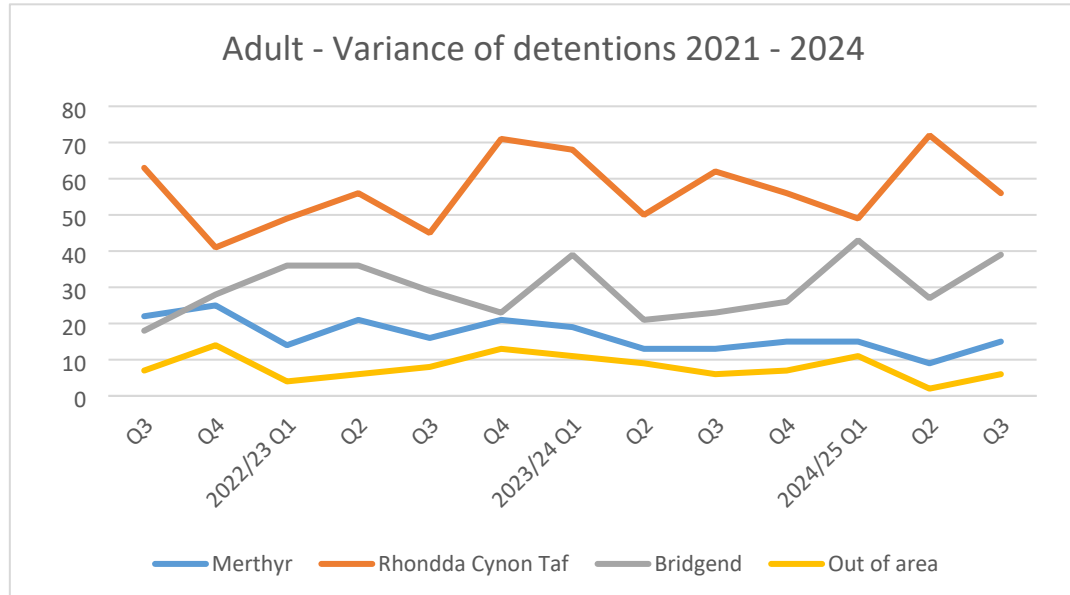


Table 1

Locality	Mean 2021/24	Q3 2024/25
Merthyr	17	15
RCT	57	56
Bridgend	30	39
Out of area	8	6
Total	112	116

Baseline mean to Q3 shifts as follows:

- In Merthyr detentions decreased from the mean by 2 (11.8%) from 17 to 15
- In RCT detentions decreased from the mean by 1 (1.8%) from 57 to 56
- Bridgend detentions increased from the mean by 9 (26%) from 30 to 39
- Out of area detentions decreased from the mean by 2 (13%) from 8 to 6

2.3 Older Persons Detentions

The total number of detentions in Older Persons services increased by 28% from 35 in Q2 to 45 in Q3 with variance across the localities as below:

Graph 2

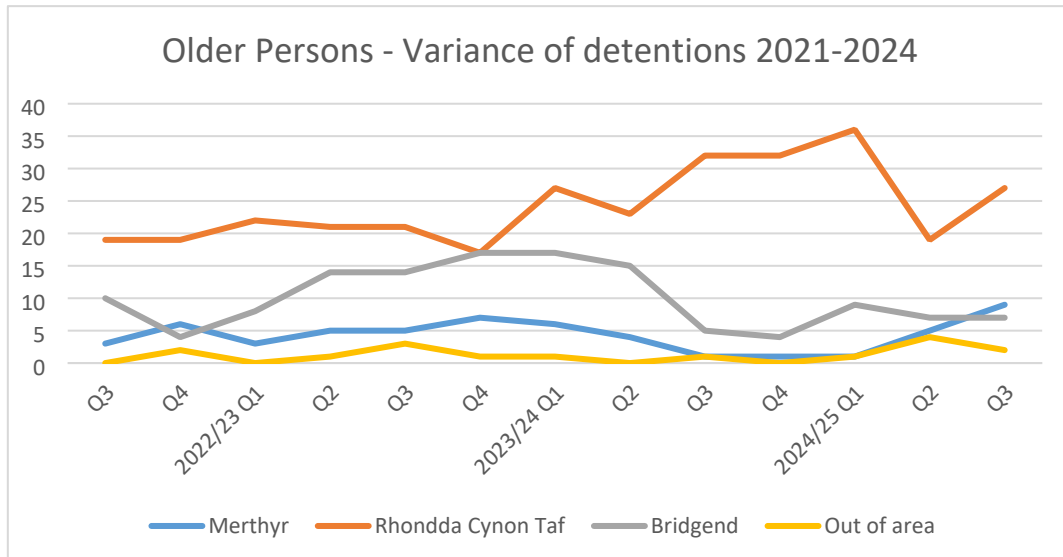


Table 2

Locality	Mean 2021/24	Q3 2024/25
Merthyr	4	9
RCT	24	27
Bridgend	10	7
Out of area	1	2
Total	39	45

Baseline mean to Q3 shifts are as follows:

- In Merthyr detentions increased from mean by 5, from 4 to 9
- In RCT detentions increased from mean by 3 (12.5%) from 24 to 27
- In Bridgend detentions decreased from mean by 3 (35%) from 10 to 7.
- Out of area detentions increased from mean by 1, from 1 to 2.

2.4 CAMHS Detentions

Within CAMHS there was a decrease in detentions from 13 in Q2 to 10 in Q3 (23% decrease).

Of the 10 detentions, 3 were from Cardiff & Vale, 3 from Hywel Dda, 2 from Swansea Bay and 2 from Cwm Taf Morgannwg.

All 10 detentions were admitted to Ty Llidiard CAMHS unit.

Graph 3

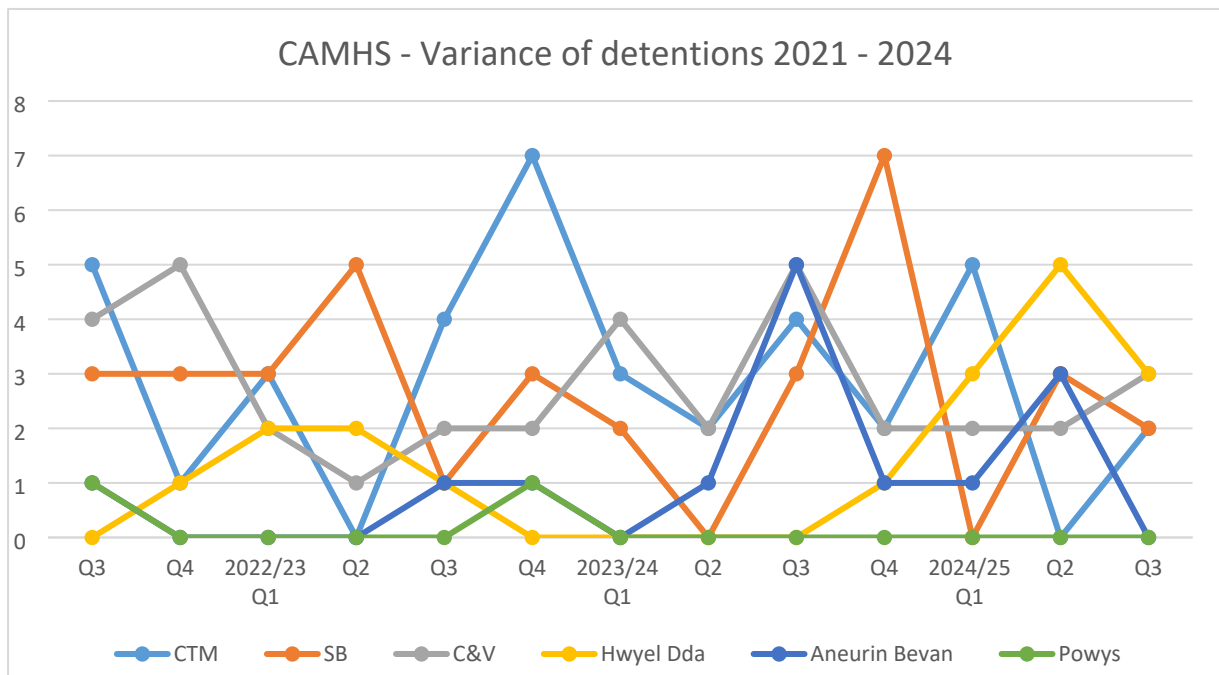


Table 3

Health Board	Mean 2021/24	Q3 2024/25
CTMUHB	3	2
SBUHB	3	2
C&VUHB	3	3
HDUHB	1	3
ABUHB	1	0
PTHB	0	0
Total	11	10

Baseline mean to Q3 shifts are as follows:

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

2.5 Community Treatment Orders (CTO)

There were 4 new CTOs applied during Q3 in comparison with 2 in Q2.

In Q3 there were 8 CTOs extended, 1 recalled and not revoked, 3 recalled & revoked and 2 discharges.

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

There were 22 CTOs in place at the end of Q3.

Graph 4

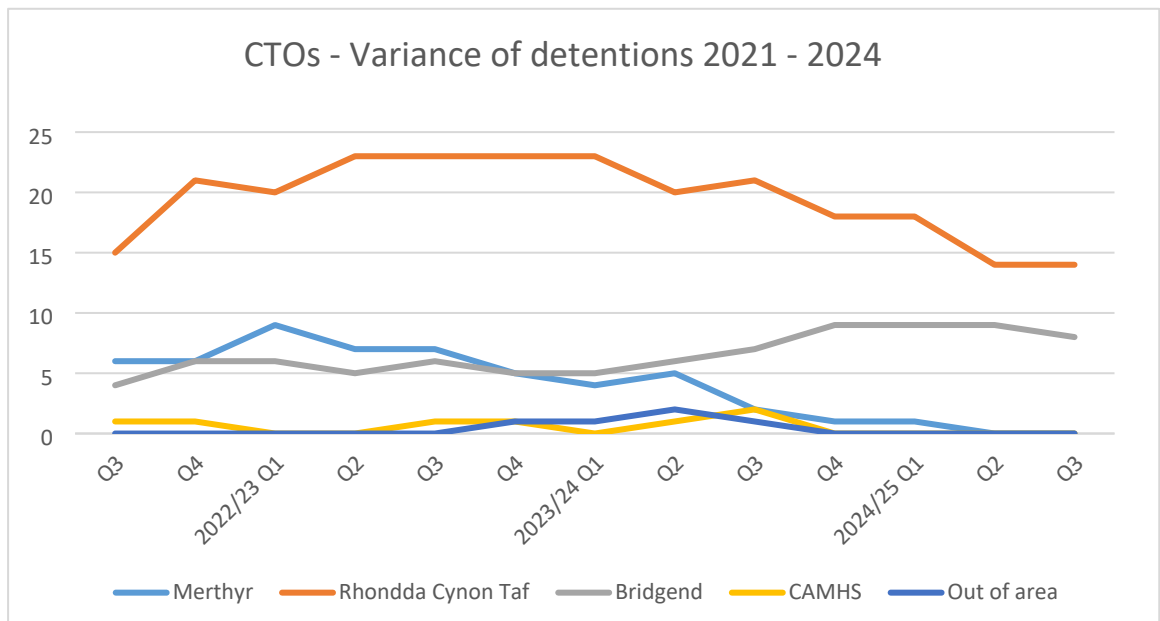




Table 4

Locality	Mean 2021/24	Q3 2024/25
Merthyr	4	0
Rhondda Cynon Taf	19	14
Bridgend	7	9
CAMHS	1	0
Out of area	0	0
Total	32	23

2.6 Use of Section 135/136 Police Powers

Use of section 136 decreased by 11% from 80 in Q2 to 71 in Q3.

4 of these 136s were used for persons under 18 years of age. 3 of these were for the same person. On two occasions they were discharged with community follow and one of them lapsed in A&E at PCH. The 1 other use of 136 saw the person discharged with community follow up.

Uses of section 135 remained the same this quarter as in Q2 i.e., 3, all of which went to section 2.

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 Q3 2021/22 to Q3 2024/25.

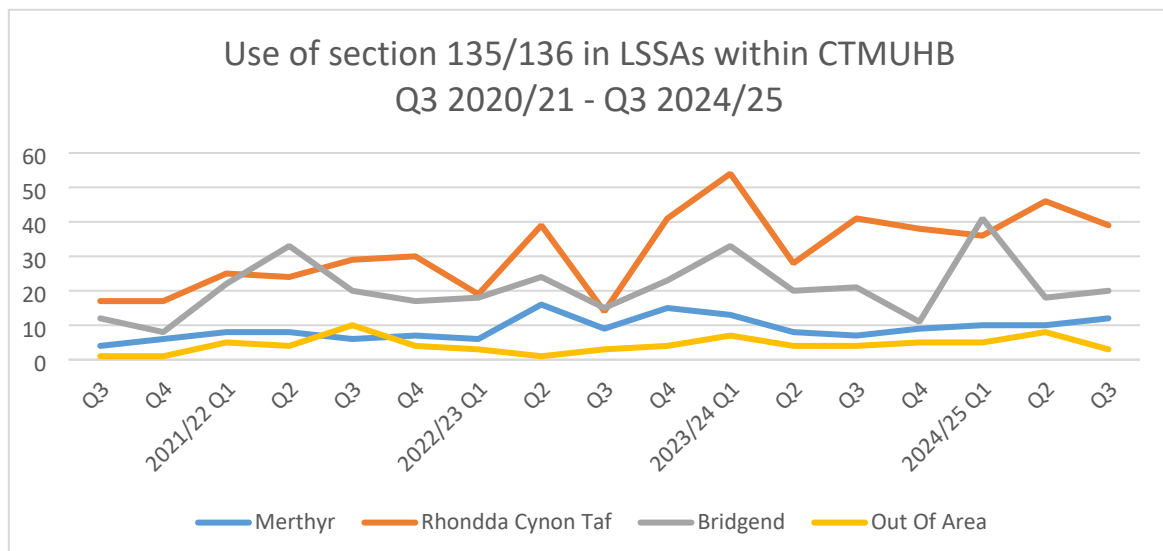


Table 5

Use of Section 135 and 136 by area for Q3 2024/25, also with mean.

Area	Mean	Q3
Merthyr	9	12
Rhondda Cynon Taf	32	39
Bridgend	21	20
Out of area	4	3
Total	66	74

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 files on paper-based wards remain as mentioned in previous reports. CTM are currently in the process of procuring a new IT system with BCUHB, which will be introduced on every ward and this should eliminate these problems in the future.

The movement of RCs within CTM continues to prove challenging for the MHA office staff in relation to the authorisation of patient treatment certificates and the writing of tribunal reports.

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 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 Q3 was 6, compared to 7 found in Q2. 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		POW		RGH		Ty Lliardiard	
Responsible for Error	Forms	PICU	14	Admissions	St David's	Enfys	Total
AMHP	HO2	1	1	2	1	1	6
AMHP	HO6						0
Doctor	HO3						0
Doctor	HO4						0
Doctor	HO8						0
Doctor or Nurse	HO12						0
Nurse	HO14						0
Other UHB	TC1						0
	Total	1	1	2	1	1	6

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 Q3 2024/25 as was the same in Q2 2024/25.

3. Key Risks / Matters for Escalation

Nothing of note to mention this quarter.

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 (Ilyw.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 (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / 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 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: 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 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 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 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 3 MHA Adult Activity 2024/25

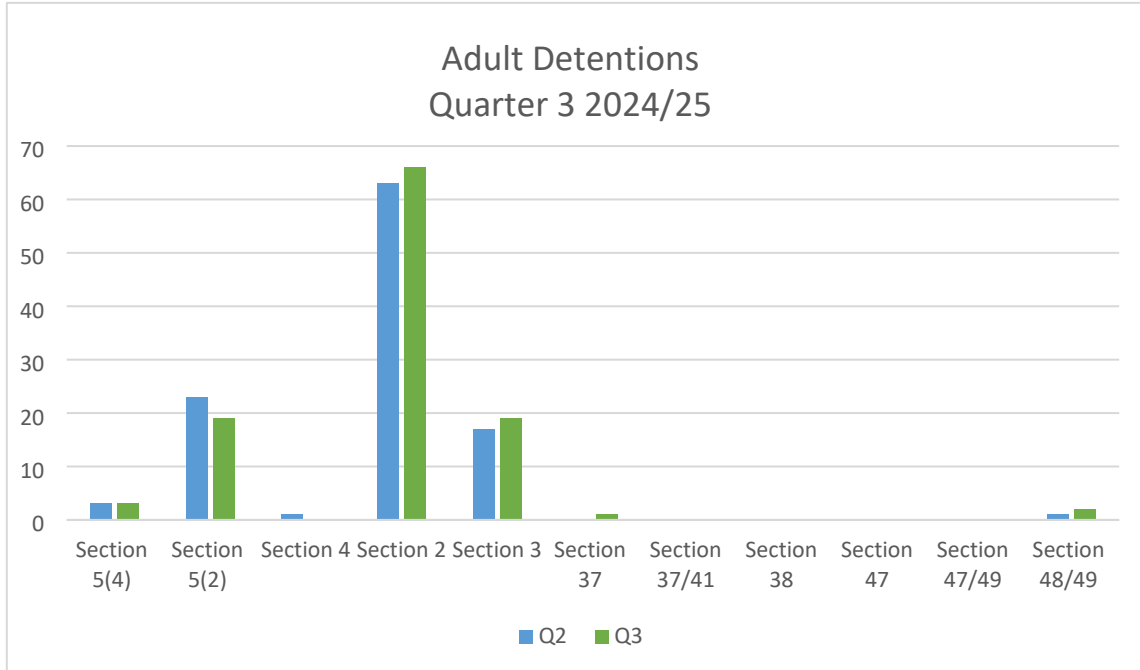


Table 1

Quarter 3 MHA Adult Activity 2024/25

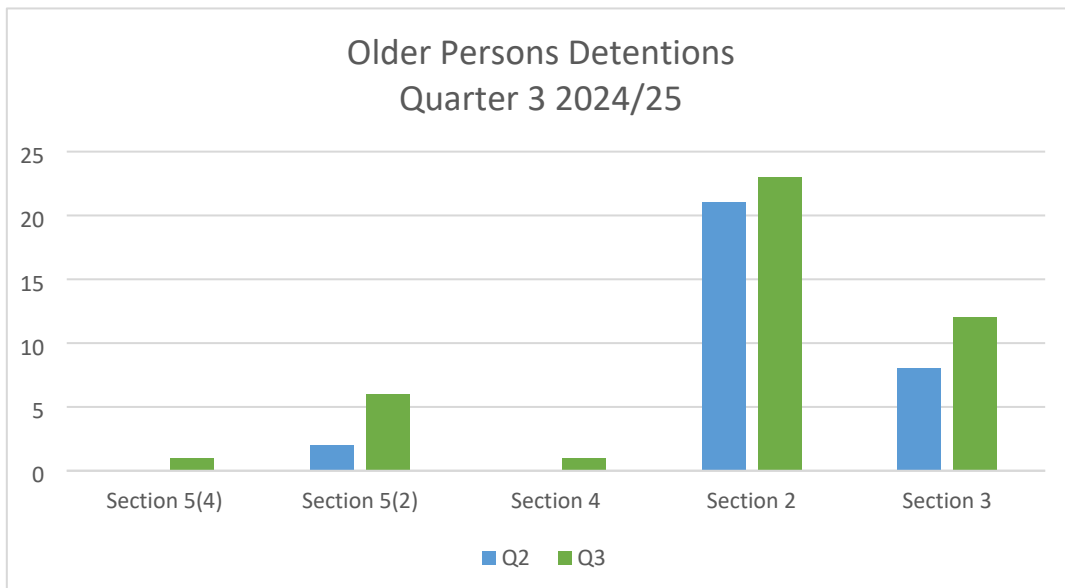
Section	Q2	% of total	Q3	% of total
Section 5(4)	3	2.78%	3	2.73%
Section 5(2)	23	21.30%	19	17.27%
Section 4	1	0.93%	0	0.00%
Section 2	63	58.33%	66	60.00%
Section 3	17	15.74%	19	17.27%
Section 37	0	0.00%	1	0.91%
Section 37/41	0	0.00%	0	0.00%
Section 38	0	0.00%	0	0.00%
Section 47	0	0.00%	0	0.00%
Section 47/49	0	0.00%	0	0.00%
Section 48/49	1	0.93%	2	1.82%
Section 35	0	0.00%	0	0.00%
Section 36	0	0.00%	0	0.00%
Total	108	100%	110	100%

*There were 6 out of area detentions in Q3

Table 2 Number of Adult MHA detentions per locality

Area	Q2	Q3
Merthyr	9	15
Rhondda Cynon Taf	72	56
Bridgend	27	39
Out of area	2	6

Graph 2 Quarter 3 MHA Older Persons Activity 2024/25



*There were 2 out of area detentions in Q3



Table 3 Quarter 3 MHA Older Persons Activity 2024/25

Section	Q2	% of total	Q3	% of total
Section 5(4)	0	0.00%	1	2.33%
Section 5(2)	2	6.45%	6	13.95%
Section 4	0	0.00%	1	2.33%
Section 2	21	67.74%	23	53.49%
Section 3	8	25.81%	12	27.91%
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	31	100%	43	100%

Table 4 Number of Older Persons MHA detentions per locality

Area	Q2	Q3
Merthyr	5	9
Rhondda Cynon Taf	19	27
Bridgend	7	7
Out of area	4	2

Graph 3 Quarter 3 CAMHS Activity 2024/25

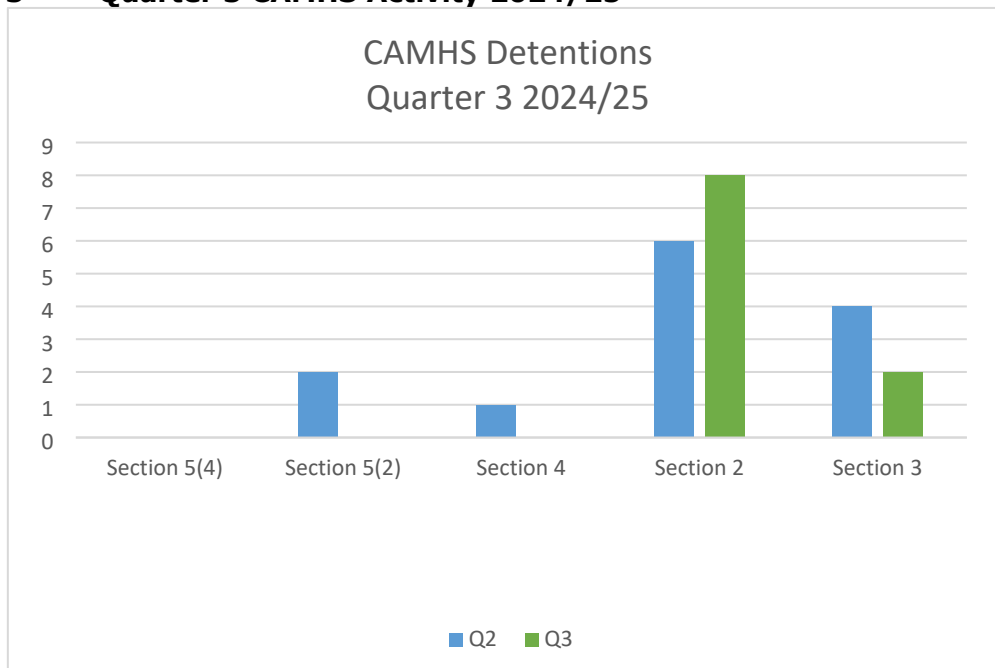




Table 5 Quarter 3 CAMHS Activity 2024/25

Section	Q2	% of total	Q3	% of total
Section 5(4)	0	0.00%	0	0.00%
Section 5(2)	2	0.00%	0	15.38%
Section 4	1	0.00%	0	7.69%
Section 2	6	63.64%	8	46.15%
Section 3	4	36.36%	2	30.77%
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	13	100%	10	100%

Table 6 Number of CAMHS MHA detentions per locality

Health Board	Q2	Q3
Cwm Taf Morgannwg	0	2
Swansea Bay	3	2
Cardiff & Vale	2	3
Hywel Dda	5	3
Aneurin Bevan	3	0
Powys Teaching	0	0

USE OF SECTIONS AND OUTCOMES for July - December 2024

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	Jul	Aug	Sep	Oct	Nov	Dec
Section 2	4	4	3	4	2	3
Section 3	0	1	1	2	1	2
Informal	2	6	3	4	5	3
Discharged	0	0	1	0	0	0
Lapsed	0	0	0	0	0	0
Invalid	0	1	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	Jul	Aug	Sep	Oct	Nov	Dec
Section 3	7	8	5	5	6	11
Informal	22	13	22	21	11	17
Discharged	5	4	3	8	7	7
Lapsed	0	0	0	0	0	0
Invalid	0	0	0	0	0	0
Transfer	0	0	3	1	1	1

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	Jul	Aug	Sep	Oct	Nov	Dec
Section 3 renewed	2	1	0	5	4	8
Informal	3	5	3	9	5	6
Discharged	5	5	1	6	4	2
Lapsed	0	1	0	0	0	0
Invalid	0	0	0	0	0	0
Transfer	2	0	3	2	2	2
CTO	0	0	0	0	2	1



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

Table 10

	Q2 2023/24	Q3 2023/24
Adult Detentions	83	92
Older Persons detentions	33	38
CAMHS detentions	11	10
TOTAL	127	140

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.

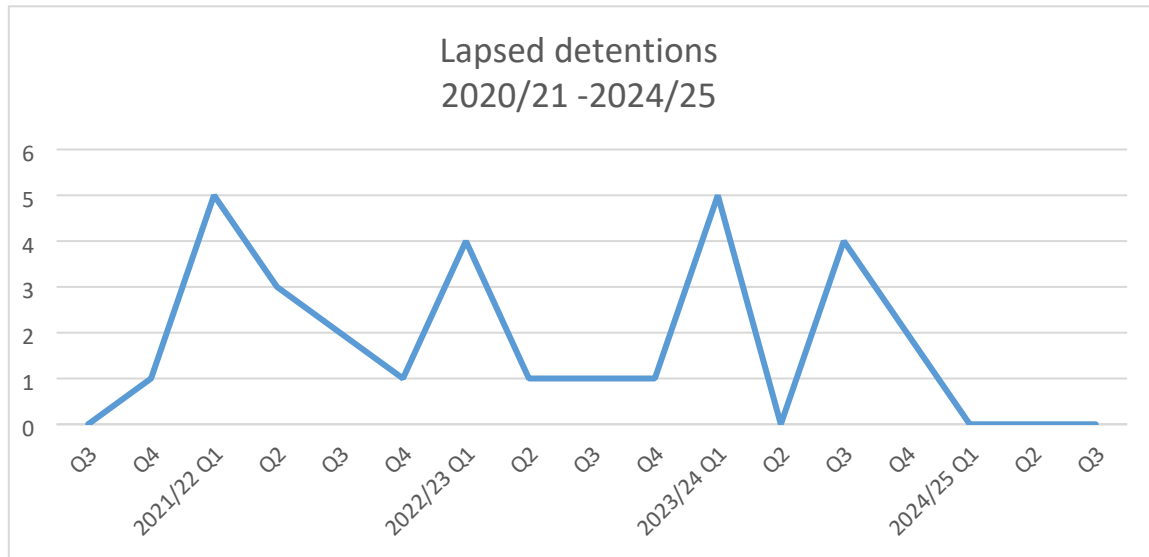
Allowing a section to expire through passage of time would not be considered good practice. Any detention should end as soon as the legal criteria no longer applies to the patient.

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 no lapses in detention throughout Quarter 3 2024/25. A 136 lapsed in PCH but this is not included as a detention.

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	Q2	Q3
Part 2 Patients to CTUHB	8	12
Part 3 patients to CTUHB	1	0
Part 2 patients from CTUHB	10	9
Part 3 patients from CTUHB	1	1
TOTAL	20	22

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

Table 14

SECTION	Power	Q2	Q3
17A	Community Treatment Order made	2	4
	Community Treatment order extended	1	8
	Recalled to hospital and not revoked	1	1



	Recalled to hospital and revoked	2	3
	Discharged from CTO	4	2
	Transferred	0	0
	Other (Deceased)	0	0

Current CTO by area

Table 15

Area	Q2	Q3
Merthyr	0	0
Rhondda Cynon Taf	14	14
Bridgend	9	8
CAMHS	0	0
Out of area	0	0
Total	23	22

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	Q2	Q3
Assessed and admitted informally	0	0
Assessed and discharged	0	0
Assessed and detained under Section 2	1	3
Assessed and detained under Section 4	0	0
Assessed and detained under Section 3	1	0
Recalled from Community Treatment Order	1	0
TOTAL	3	3

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	Q2	Q3
Assessed and admitted informally	11	4
Assessed and detained under Section 2	14	15
Assessed and detained under Section 4	0	0
Assessed and detained under Section 3	0	1
Discharged with no follow up required	8	7
Discharged referred to community services	46	43
Section 136 lapsed	0	1
Other /(Recall from CTO)/ or transfer	1	0
TOTAL	80	71

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	Q2	Q3
Number of Hearings held	8	13
Number of Referrals by Hospital Managers	9	20
Number of Appeals to Hospital Managers	1	2
Number of Detentions upheld by Hospital Managers	8	12
Number of detentions discharged by Hospital Managers	0	0
Number of patients discharged by RC prior to Hearing	1	0

Q3:

- 2 postponed
- 1 adjourned

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	Q2	Q3
Number of Hearings held	27	24
Number of Referrals by Hospital Managers	11	13
Number of referrals by Ministry of Justice	0	1
Number of referrals by Welsh Ministers	0	0
Number of Appeals to MHRT	49	47
Number of Detentions upheld by MHRT	25	19
Number of detentions discharged by MHRT	2	1
Number of Hearings adjourned/postponed	8	9
Number of Hearings cancelled by patient	6	9
Number of patients transferred to another Health Board prior to Hearing	0	1
Number of patients discharged by RC prior to Hearing	14	20

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.

Q3: 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 (CTO patients) to ensure that it is not used inappropriately or excessively.



Table 20 Use of urgent treatment

Form	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24
Section 62	3	7	10	4	1	2
Section 64	0	0	0	0	0	0
Total	3	7	10	4	1	2

EXAMPLES OF GOOD PRACTICE

No lapses of detention or breaches occurred during Q3.

Quality reviews have been piloted on 4 wards. The MHA team have been involved as part of the reviewing group and this will be rolled out to all the wards within the coming months. The review team’s aim is to prepare nursing staff for HIW visits by conducting ‘mini’ inspections prior to any possible visit by HIW inspectors.

SharePoint

The overhauled MHA helpdesk page on SharePoint was advertised as a news item. Whilst this was a great help in allowing CTM staff to be signposted to the site, the MHA team believe it should be listed as an ‘essential link’ which would always be visible on the homepage. Enquiries have been made to the respective team regarding this.





Appendix 2

MENTAL HEALTH ACT (1983)

GLOSSARY OF TERMS

SUMMARY OF COMMON SECTIONS OF THE MENTAL HEALTH ACT 1983

Section 5(4) Nurse holding power.	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 <i>(1 holding power form required)</i>
Section 5(2) Doctor's or Approved Clinician's Holding power	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. <i>(1 holding power form required)</i>
Section 4 Admission for assessment in cases of emergency	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. <i>(1 Medical Recommendation and AMHP assessment required)</i>
Section 2 Admission for assessment	Individual is detained in hospital for up to 28 days for assessment of mental health. Criteria: <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 <i>(2 Medical recommendations (or 1 joint recommendation) and AMHP assessment required)</i>
Section 3 Admission for Treatment	Individual is detained in hospital for up to 6 months for treatment of mental disorder. Criteria: <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



	<ul style="list-style-type: none"> Moreover, it is necessary for the patient's own health, safety, protection of other persons that patient receive treatment in hospital. 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	<p>Individual brought to hospital by Police Officer if found in public place and appears to suffer from mental disorder.</p>



Admission of mentally disordered persons found in a public place	<p>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> <p><i>(Police Service Section 136 monitoring form required)</i></p>
<p>Section 17 A Community Treatment Order (CTO)</p>	<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>
<p>Section 17 leave</p>	<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>
<p>Section 117 aftercare</p>	<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>
<p>MHAM Hearings (Mental Health Act Managers)</p>	<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>
<p>MHRT Hearings (Mental Health Review Tribunal)</p>	<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>



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University Health Board

	Mental Health Act Administrators also automatically refer patient subject to a CTO, which has been revoked by the Responsible Clinician, to MHRT.
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Mental Health Act Monitoring Committee

Risks related to the use of the Mental Health Act

Dyddiad y Cyfarfod / Date of Meeting	19/02/2025
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
CVUHB	Cardiff and Vale University Health Board
MHA	Mental Health Act
MHRT	Mental Health Review Tribunal
RC	Responsible Clinician
RCRP	Right Care Right Person



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University Health Board

SWP	South Wales Police
SBUHB	Swansea Bay University Health Board



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 3 (October – December 2024) 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 6, down from 7 in Q2.

Pleasingly again there were no fundamentally defective errors in this quarter.

- 2.2 It is noted that there has been an overall increase in the use of the MHA in quarter but the total number remains within the 3 year mean.
- 2.3 It is noted that the increase in Section 3 detentions which were reported to have increased in Q1 have decreased this quarter and are back within the mean.
- 2.4 It is encouraging to see positive feedback regarding the new Tribunal room arrangements in Coity Clinic.

3. Right Care Right Person

- 3.1 The impact of RCRP is highlighted on the Corporate 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 will commence 10/03/2025
- 3.3 A CTMUHB wide RCRP group, chaired by the MHLD Director of Nursing meets monthly to monitor the impact of Phases 1 and 2 and progress of the changes needed for Phases 3 and 4.
- 3.4 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.



- 3.5 The MHLDCare Group is meeting with colleagues from SBUHB and CVUHB to develop a regional response to Phases 3+4 and to advocate for multi-agency policies and memorandum of understanding.
- 3.6 In the absence of a national transportation solution the HB will be using private transportation which will be a cost pressure.
- 3.7 Although this paper focuses on risks, for balance, it was pleasing to see the preparatory work undertaken in relation to RCRP on transportation and S136 handover times.

4. Risks / Matters for Escalation

- 4.1 The phase 4 implementation of Right Care Right Person involves changes to the way in which SWP will operationally manage their Section 135/136 responsibilities. These changes are planned to come into effect on 10/03/2025.
- 4.2 Medical staffing remains challenging, the movement of RCs continues to prove challenging for the MHA office staff in relation to the authorisation of patient treatment certificates and the writing of tribunal reports. The Operational Group will continue to monitor the impact on the use of the MHA.

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	If no, please include rationale below:
	Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	
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

Unapproved Minutes of the Mental Health Act Monitoring Committee

Date and Time of Meeting	Wednesday 4 th December 2024
Venue	Virtual via Microsoft Teams

Members Present	Geraint Hopkins	Independent Member (Committee Chair)
	Dilys Jouvenat	Independent Member
	Kath Palmer	Vice Chair (In part)
	Rachel Rowlands	Independent Member
In Attendance	Julie Denley	Deputy Chief Operating Officer
	Robert Goodwin	Directorate Manager, CAMHs and Specialist Services
	Clare Williams	Service Director Mental Health and Learning Disabilities
	Ana Llewellyn	Care Group Nurse Director
	Gemma Moeller	South Wales Police
	Colin Hatherley	South Wales Police
	Alyson Jones	Local Authority Representative MTCBC
	Angela Edavene	Local Authority Representative MTCBC
	Alexandra Beckham	Local Authority Representative RCTCBC
	Emma Walters	Head of Corporate Governance & Board Business
	Tyler Lewis	Corporate Governance Officer (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. C. Williams, the new Service Director for Mental Health & Learning Disabilities, was welcomed. Members noted that this was the last Committee meeting for the current Committee Chair.
1.2	Apologies for Absence
	Apologies were received from: <ul style="list-style-type: none"> • Dr Sarah Argent, Consultant Child and Adolescent Forensic Psychiatrist



	<ul style="list-style-type: none"> Mark Wilkinson, Local Authority Representative (Bridgend) <p>Members noted that K Palmer would be late joining the meeting.</p>
1.3	Declarations of Interest
	There were no declarations raised.
2.	CONSENT AGENDA BUSINESS
2.1	FOR APPROVAL
2.1.1.	Unconfirmed Minutes of the Meeting held on 4 September 2024
Resolution	The minutes were approved as a true and accurate record.
2.2	ITEMS FOR NOTING
2.2.1.	Annual Cycle of Business
Resolution	The annual cycle of business was NOTED .
2.2.2.	Action Log
	The action log was NOTED .
3.	MATTERS ARISING
3.1	Matters Arising Not Captured on the Action Log
	There were no matters raised.
4.	COMMITTEE BUSINESS MATTERS
4.1	Organisational Risk Register
	E. Walters presented the Organisational Risk Register report, highlighting key points to Members. There were no particular highlights, and it was taken as read.
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 Committee Chair sought an update on progress in relation to the place of safety at Prince Charles Hospital, noting it had been pending for a while, and added that he appreciated that the inpatient audit would lead to improvements in regards to this.</p> <p>The Committee Chair referred to the recommendation regarding the judgement in the Neath Port Talbot case, referencing point 6 in the report and added that he found it interesting and believed the organisation had the power to act on</p>

	<p>the coroner's conclusion. The Committee Chair queried whether it was typical for a coroner to make such a recommendation.</p> <p>A. Llewellyn clarified that whilst it was typical for coroners to make recommendations, they lacked the power to enforce them. Members noted that organisations were required to respond within 28 days, as Swansea Bay had done, and noted that Welsh Government had received the report and several actions had been taken, which included the collection of additional data. A Llewellyn advised that Cwm Taf Morgannwg Health Board was providing regular updates to Welsh Government on this matter and had advanced a significant program in services.</p> <p>Members noted that the Health Board had received a Prevention of Future Deaths notice and had submitted a response within 28 days, and had been requested to provide a further update in one year.</p> <p>D. Jouvenat advised that she was pleased to see the improvement in relation to the adolescent bed at Princess of Wales Hospital and asked if the current situation in regards to the critical incident had any impact or if it was proceeding as planned. R. Goodwin confirmed that everything was proceeding as planned without any negative impact, and advised that meetings had been positive, which had ensured the process was as safe and effective as possible. R Goodwin advised that things were working well at Royal Glamorgan Hospital also.</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>H Lentle queried if the team were concerned regarding the rise of section 5(2) detentions and questioned what learning could be taken from the percentage figures.</p> <p>R. Goodwin suggested that the increase in section 5(2) detentions from 12 to 23 was due to staff availability during that quarter and expected it to stabilise. He mentioned that the temporary holding power applied for doctors within the hospitals would alleviate the workload and enhance manageability of the service.</p> <p>Further H. Lentle referenced item 2.2 of the report and sought clarification on whether the additional admissions to 23 were included in the figures. R. Goodwin confirmed they were included.</p> <p>J. Denley reflected on the data and numbers, noting the importance of monitoring them, and mentioned that changes were often due to medical staff shortages and emphasised the need to monitor these figures closely.</p>
Resolution	The Report was DISCUSSED and NOTED .



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>K. Palmer queried the risks relating to the estate and place of safety, including door security. J. Denley explained that unresolved risks would be formally addressed and noted that concerns about Prince Charles Hospital's safety were mitigated by the Prince Charles Hospital improvement plan. She also informed the Committee that Royal Glamorgan Hospital had small space issues with no major plans for updates, and the Princess of Wales room's proximity to the paediatric ward posed different risks.</p> <p>R. Goodwin added that crisis teams would take responsibility for hosting place of safety arrangements, utilising Ward 14 of the Princess of Wales Hospital if necessary. Further, he assured Security concerns were addressed through a health and safety executive review of door locks.</p>
Resolution	The Committee NOTED the report.
5.4	Crisis Care Concordat National and Local Update
	<p>A Llewellyn presented the report. The Committee Chair thanked A. Llewellyn for the comprehensive update.</p> <p>K. Palmer queried when transportation issues should be escalated, noting the tight timeline and the February go-live date. A. Llewellyn advised that the Joint Commissioning Committee were awaiting further information and had already escalated the issue to the NHS Executive. Members noted that no additional support was required at this stage.</p> <p>A. Jones responded that transportation issues had already been addressed, with police no longer transporting individuals as recommended within phase 3 of 'the right care, right person' and stressed this created urgency for alternative solutions, as St. John's Ambulance wait times had increased. A. Llewellyn requested that any phase three instances be reported to Lloyd Griffiths for further action, and advised that the health board could find alternatives as Approved Mental Health Professionals had no power to transport individuals.</p> <p>A. Llewellyn clarified that it was the Joint Commissioning Committee's responsibility to provide solutions and advised that she would be happy to provide a further update following a meeting taking place later this week to discuss this matter. A. Jones mentioned that alternatives to places of safety were being explored to reduce admissions. A. Llewellyn noted that there was no place considered a sanctuary of safety within the Bridgend area, except for the place of safety within the Princess of Wales Hospital.</p>
Resolution	The Committee NOTED the update.
5.5	Strategic Update from South Wales Police



	<p>South Wales Police colleagues updated the Committee on strategic matters and highlighted key updates for members' attention.</p> <p>C. Hatherley discussed the reduction in Section 136 incidents, noting fluctuations within the community. He advised the main focus was the rollout of the "Right Person" initiative, with Phase 2 going well. Members noted that data on its impact was still being collected, with firm data expected at the next meeting.</p> <p>C. Hatherley advised that Phase 3 Right Care, Right Person was due to roll out in February 2025, with some fluidity expected. Members noted that roadshows would be held to provide training on expected changes to policies with necessary parties. Members noted that the review of Section 136 was ongoing, and updates would be provided once there was a firm understanding in place. C Hatherley provided assurance that the "Right Care" initiative was well established, despite some initial challenges, however, Phase 3 was causing anxiety due to transport issues, which would hopefully be addressed.</p> <p>A. Edavene noted the review of Section 136 and the independent drafting of policies. C. Hatherley addressed questions, stating the 136 policy was driven by statute and would involve minor transportation-related changes. Members noted that clarity on partnership engagement would be provided.</p> <p>A. Llewellyn advised the Health Board was lobbying for a national multi-agency Memorandum of Understanding (MOU) for Phases 3 and 4, which had been helpful. C. Hatherley supported this and added that he would provide an update to the panel. Members noted that a working group would be taking place in December 2024 to discuss and agree the Memorandum of Understanding.</p>
Resolution	The Report was NOTED .
5.6	Strategic Update from Local Authority Partners – Verbal Update
	<p>Reports were submitted and discussed by all colleagues from Rhondda Cynon Taff & Merthyr representatives. A. Beckham mentioned that the next presentation would be a joint presentation from all three local authorities.</p> <p>A. Jones emphasised the need for joint policies in Approved Mental Health Professionals services and updated the Committee on bed shortages and transport issues, which were pressure points. A Jones also highlighted the national shortage of AMHPs due to complexities but mentioned that seven new AMHPs were expected to join in January 2025. Additionally, she informed the Committee that Merthyr lacked a responsible clinician, and the health board was seeking medical cover to address this.</p>
Resolution	The Committee NOTED the updates.
6.	OTHER MATTERS
6.1	Committee Highlight Report



	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.
6.2	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 February 2025.
6.3	Any Other Business
	There was no other business raised.
6.4	How did we do today
	The Chair invited Members to comment and reminded them that they could also relay feedback outside of the meeting.
7.	DATE AND TIME OF NEXT MEETING
7.1	19 th February 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
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.
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	This item is on the agenda for the May 2025 meeting following endorsement by the EMB at their February 25 meeting.
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	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

COMPLETED ITEMS:

Agreed at June 2024 Committee Meeting	Additional Item	Deputy COO / Director of Primary, Community, Mental Health and LD	Power of Discharge Committee Update Report	Additional Item	Chair, MHA Operational Group	Deputy COO / Director of Primary, Community, Mental Health and LD	September 2024	Received at the September 2024 meeting – Completed
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June 2024	Annual Report	Director of Corporate Governance/Board Secretary`	MHAM Committee Annual Report 2023-24	Annual Cycle of Business	Chair, MHAM Committee	Director of Corporate Governance/Board Secretary	June 2024	Received at the June 2024 meeting - Completed
June 2024	Annual Report	Director of Corporate Governance/Board Secretary	Outcome of the Committee Self Effectiveness Survey & Improvement Plan	Annual Cycle of Business	Director of Corporate Governance/Board Secretary	Director of Corporate Governance/Board Secretary	June 2024	Received at the June 2024 meeting - Completed



Agenda Item

6.2.2

Mental Health Act Monitoring Committee

Standard Operating Procedure for S117

Dyddiad y Cyfarfod / Date of Meeting	19/02/2025
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Alison Thomas-Mental Health Act Manager Nicola Field- Business Support Team Leader
Cyflwynydd yr Adroddiad / Report Presenter	Robert Goodwin - Directorate Manager
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 / Individuals	Date	Outcome
Operational Group Meeting	07/11/2024	Endorsed for Approval
Executive Management Board Meeting- 24/11/2024		Ratified

Acronyms / Glossary of Terms	
SOP	Standard Operating Procedure
MHA	Mental Health Act 1983
MHAT	Mental Health Act Team
CMHT	Community Mental Health Team
RC	Responsible Clinician

1. Situation / Background

- 1.1 The purpose of this procedure is to ensure that the health board maintains an up-to-date register of all patients entitled to free Section 117 aftercare upon discharge.
- 1.2 The protocol provides the necessary guidance to ensure that patient details/review dates are accurately recorded on a central S117 register.

2. Specific Matters for Consideration

- 2.1 Engagement on this Policy and Procedure has taken place with:

Name Title	Date Consulted/Completed
Equality Impact Assessment	06/02/2025
Informal Consultation with interested parties	07/11/2024
Formal Consultation - Executive Management Board	24/11/2024
Committee – For Noting	19/02/2025

- 2.2 The policy has been reviewed and is consistent with the approach across NHS Wales / legislation.
- 2.3 The Mental Health Act Operational Group and the Executive Management Board have been engaged in the consultation
- 2.4 Organisational values and behaviours have been reflected within the policy.



3. Key Risks / Matters for Escalation

Only minor typographical amendments were made as a result of the various consultation stages.



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 (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Not Applicable
	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))	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:	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 checked="" type="checkbox"/>	No: <input type="checkbox"/>
	Outcome for Equality as NEUTRAL Outcome for Welsh Language NEUTRAL	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.	

5. Recommendation

- 5.1 The Mental Health Act Monitoring Committee are asked to **NOTE** the Standard Operation Procedure for Section 117.

6. Next Steps

- 6.1 Once approval is sought the author will share the Policy with the Corporate Governance Team for publication on SharePoint and the Health Board Internet Site.

Standard Operating Procedure for S117

Document Type:	Non Clinical Standard Operating Procedure
Ref:	New procedure
Author:	Alison Thomas-Mental Health Act Team Manager Nicola Field- Business Support Team Leader
Executive Sponsor:	Chief Operating Officer
Approved By:	Health Board
Approval / Effective Date:	25/11/2024
Review Date:	25/11/2027
Version:	1

Target Audience:

People who need to know about this document in detail	All staff
People who need to have a broad understanding of this document	Board Members, Management Board. Senior Leaders. Board Committees
People who need to know that this document exists	All staff involved in the development of Health Board Policies.

Integrated Impact Assessment:

Equality Impact Assessment Date & Outcome	Date: Outcome:
Welsh Language Standard	Choose an item.
Date of approval by Equality Team:	(00/00/0000)
Aligns to the following Wellbeing of Future Generation Act Objective	Choose an item.



Disclaimer:

If the review date of this document has passed please ensure that the version you are using is the most up to date version either by contacting the author or CTM_Corporate_Governance@wales.nhs.uk

Contents.

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	Scope	3
	Procedure	3-5
	Related Policies	5
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Acronyms	Glossary of Terms
MHA	Mental Health Act 1983
MHAT	Mental Health Act Team
CMHT	Community Mental Health Team
RC	Responsible Clinician
SOP	Standard Operating Procedure

INTRODUCTION.

Some people who have been kept in hospital under the Mental Health Act 1983 (MHA) are entitled to receive free help and support after they leave hospital. This right is known as Section 117 aftercare under the MHA 1983

Section 117 of the Act requires local health boards and local authorities to work together with other agencies to provide appropriate after care services to eligible patients when they leave hospital.

1. PURPOSE

The purpose of this procedure is to ensure that the health board maintains an up-to-date register of all patients entitled to free Section 117 aftercare upon discharge. It provides the necessary guidance to ensure that patient details are accurately recorded in a central Section 117 register.

Qualifying patients include those detained under the following sections:

- Section 3: Treatment
- Section 37: Hospital order
- Sections 47 or 48: Transfer from prison
- Section 45A: Hospital direction
- Community Treatment Order (CTO)
- Restricted patient on conditional discharge

2. SCOPE

This Standard Operating Procedure (SOP) applies to all Business Support Team Leaders in Adult and Older Persons Mental Health, working in conjunction with the Mental Health Act office. It aims to establish a clear framework, ensuring there is no duplication in recording Section 117 eligible individuals, funding, or exclusion of those entitled to Section 117 aftercare.

3. PROCEDURE

While the duty to provide aftercare begins when the patient leaves the hospital, planning should start while the patient is still in hospital.

Mental Health Act Team (MHAT) Responsibilities

Create a new patient record on the central Section 117 register as soon as a patient is detained under a qualifying section of the MHA.

Email the Section 117 registration form to the Responsible Clinician (RC), ward manager, and relevant Community Mental Health Team (CMHT) joint mailbox, requesting an initial Section 117 meeting (see Appendix A).

Provide the following information:

- Name
- Date of Birth
- NHS Number
- Section and date of detention

Inform the relevant CMHT when a patient is discharged from detention under the Act (see Appendix B).

Care Coordinator Responsibilities

Complete the Section 117 Discharge Form on WCCCIS and forward the form via email to the Team Leader

Business Support Team Leader Responsibilities

The Business Support Team Leader is responsible for updating the legal status in WCCIS to "Mental health Section 117 aftercare".

Entering the "Start Date" and updating the "Owner" to Care Co-Ordinator.

The team leader is also responsible for updating the central Section 117 Register

The central Section 117 Register can be located on the W drive as below:

<W:\Mental Health\BUSINESS SUPPORT TEAM\Section 117 Register\Central Section 117 Register.xlsx>

Locate the service user record in the central Section 117 Register and input the following information;

- WCCIS number
- Name of Care Co-ordinator
- Name of Consultant Psychiatrist
- Review dates – last review, next review

Inform the Care Coordinator of the Section 117 status by email.

Ref:
Policy Title: S117 Standard Operating Procedure
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Monitor and update the Section 117 register on Excel bi-monthly.

Upon discharge from Section 117, email a copy of the termination of Section 117 aftercare proforma (Appendix C) to the MHAT and keep a copy on the patient's file.

Record the Section 117 end date on the central Section 117 register and update it in the event of a patient's death.

4. RELATED POLICIES

This SOP should be read in conjunction with:

MHA117- Joint Policy for Section 117 Mental Health Act 1983 - Aftercare Arrangements)

5. APPENDICIES

S117 Registration form -Email template (A)



Section 117
Registration Form.o

S117 Registration form- discharge- email template (B)



Section 117
Registration Form (E

Termination of S117 aftercare (C)



Termination of
section 117 aftercare