Mental Health Act Monitoring Committee

Thu 04 December 2025, 15:00 - 17:00

Virtual via Teams

Agenda

15:00 - 15:05
5 min

1. PRELIMINARY MATTERS

1.1. Welcome and Introductions

Kath Palmer, Committee Chair

1.2. Apologies for Absence

Information *Kath Palmer, Committee Chair*

1.3. Declarations of Interest

Information *Kath Palmer, Committee Chair*

15:05 - 15:05
0 min

2. CONSENT AGENDA BUSINESS

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

15:05 - 15:10
5 min

3. MAIN AGENDA

3.1. Action Log

Discussion *Kath Palmer, Committee Chair*

3.1. Action Log MHAMC 4 December 2025.pdf (3 pages)

3.2. Matters Arising not contained within the Action Log

Discussion *Kath Palmer, Committee Chair*

15:10 - 15:15
5 min

4. RISK MANAGEMENT / COMMITTEE GOVERNANCE ASSURANCE

4.1. Organisational Risk Register

Discussion *Cally Hamblyn, Assistant Director of Governance & Risk*

4.1a Org RR Nov 25 - MHAMC CP.pdf (5 pages)
4.1b App 1 - Org RR Nov 25 - MHAMC.pdf (3 pages)

15:15 - 16:40
85 min

5. GOVERNANCE ASSURANCE / IMPROVING CARE

5.1. Deep Dive Spotlight: Deep Dive into Adult Detentions - Deferred to February 2026 with a progress update contained within the Operational Group Report

Discussion *Robert Goodwin, Directorate Manager, CAMHs and Specialist Services*

5.2. MHA Operational Group Update Report

Discussion *Robert Goodwin, Directorate Manager, CAMHs and Specialist Services*

5.2 MHA Operational Group Report MHAMC 4 December 2025.pdf (17 pages)

5.3. MHA Quarterly Activity Report / Analysis of Unlawful Detentions

Discussion *Robert Goodwin, Directorate Manager, CAMHs and Specialist Services*

5.3 MHA activity report Q2 MHAMC 4 December 2025.pdf (28 pages)

5.4. Risks Relating to Monitoring of MHA

Discussion *Julie Denley, Deputy Chief Operating Officer (Mental Health, Primary Care and Community)*

5.4 Risks Related to Monitoring of the MHA Q2 2025.pdf (5 pages)

5.5. Strategic Update - Local Authority Partners

Discussion *Local Authority Partners*

5.5 Strategic Update - Local Authority MHAMC 4 December 2025.pdf (6 pages)

5.6. Highlight Report - Power of Discharge Sub Committee

Discussion *Helen Lentle, Independent Member & Robert Goodwin Directorate Manager, CAMHs and Specialist Services*

5.6 POD report Q2 July-Sept 25 MHAMC 4 December 2025.pdf (9 pages)

16:40 - 16:45
5 min

6. CONSENT AGENDA

6.1. ITEMS FOR APPROVAL

6.1.1. Unconfirmed Minutes of the Meeting held on 20 August 2025

Decision *Kath Palmer, Committee Chair*

6.1.1 Unconfirmed Minutes 20.8.25 MHAMC 4 December 2025.pdf (11 pages)

6.2. ITEMS FOR NOTING

6.2.1. Fee Review Update Report for Hospital Managers

Information *Julie Denley, Deputy Chief Operating Officer (Mental Health, Primary Care and Community)*

6.2.2. Forward Work Programme

Information *Kath Palmer, Committee Chair*

6.2.2 Forward Work Plan MHAMC 4 December 2025.pdf (2 pages)

6.2.3. Committee Annual Cycle of Business

Information *Kath Palmer, Committee Chair*

6.2.2a Annual Cycle of Business Cover Report MHAMC 4 December 2025.pdf (3 pages)
6.2.2b CTMUHB MHAMC Cycle of Business.pdf (3 pages)

16:45 - 16:50
5 min

7. CLOSE OUT BUSINESS

7.1. Committee Highlight Report

Discussion *Cally Hamblyn, Assistant Director of Governance & Risk*

7.2. Any Other Urgent Business

Discussion *Kath Palmer, Committee Chair*

7.3. Meeting Feedback

Discussion *Kath Palmer, Committee Chair*

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?

16:50 - 16:50
0 min

8. DATE AND TIME OF NEXT MEETING

25th February 2026 at 14:00 pm

Mental Health Act Monitoring Committee - Action Log (as at 26.11.25.25)

Name of Meeting: Mental Health Act Monitoring Committee
Committee Chair: Kath Palmer

Date of meeting the action originated from	Minute Item reference	Minute Reference Page Number	Item Title / Summary	Nature of Action	Lead Officer	Lead Executive	Timescale for action to be completed	Status of Action	Narrative Progress Update
MHAMC May 2025	3,4	2	Committee Annual Self-Assessment	Corporate Governance Team to update Members on training and organise a face to face meeting for the future committee meetings.	Corporate Governance	Director of Corporate Governance/ Board Secretary	aug-25	Open	**On going -** The Corporate Governance Officer will consider possible venues for face-to-face meeting in 2026.
MHAMC August 2025	4,1	3	Organisational Risk Register	To escalate the risk in relation to clinical medical cover within the CTM Adult Mental Health Services to the Board via the Committee Highlight Report	Corporate Governance	Director of Corporate Governance/ Board Secretary	sep-25	Propose to close	Escalation provided within the Committee Highlight Report to the September 2025 Board Meeting
MHAMC August 2025	4,1	3	Organisational Risk Register	To check whether the new escalation process would be relevant to share with Local Authority Partners	Service Director Mental Health and Learning Disabilities Care Group	Deputy COO/Director of Primary Community, Mental Health & LD	aug-25	Propose to close	This is an internal process to ensure documentation is completed in a timely fashion and does not require the input of the Local Authority
MHAMC August 2025	5,1	4	Deep Dive Spotlight - Section 135 (1) and 135 (2)	The actions / improvements identified following the deep dive audit to be captured in the Operational Group Report prepared for future meetings.	Chair, MHA Operational Group	Deputy COO/Director of Primary Community, Mental Health & LD	des-25	Propose to close	Progress on the recommendations included within the deep dive will be closely monitored by the operational group. this includes the development of guidance to staff making an application to the court under section 135(2).
MHAMC August 2025	5,2	6	Operational Group Report	The HIW unannounced visit to Ward 7 Ty Llidiard be highlighted to the Board as positive escalation.	Corporate Governance	Director of Corporate Governance/ Board Secretary	sep-25	Propose to close	Escalation provided within the Committee Highlight Report to the September 2025 Board Meeting
MHAMC August 2025	6.2.1	10	Forward Work Plan	To add updates family and carer feedback and updates from South Wales Police to the Forward Plan and Action Log.	Corporate Governance	Director of Corporate Governance/ Board Secretary	des-25	Propose to close	Added to Forward Work Plan for February 2026 meeting

MHAMC May 2025		5	Forward Work Plan	Corporate Governance Team to work with Mental Health Act Team in regards to topics of Deep dives for the next 12 months	Chair, MHA Operational Group	Deputy COO/Director of Primary Community, Mental Health & LD		Open	**Ongoing** – An email has been sent to facilitate further discussion of the topics. A subject has also been selected for the August Committee Meeting.
MHAMC September 2024	6.2.1	4	Risks Related to the Monitoring of the MHA - Update on timescales of hospital place of safety	Operational Group to conduct a comprehensive review of the current room usage within hospital sites	Chair, MHA Operational Group	Deputy COO/Director of Primary Community, Mental Health & LD	aug-25	Open	**In Progress** - The Adult Services Directorate has made some changes to the place of safety arrangements in September with the PCH facility temporarily transferring to RGH whilst refurbishment work is being undertaken. There are also plans being developed to improve the Bridgend place of safety Arrangements following comments during a recent HIW visit to POWh. The room utilisation work can progress when these changes have been worked through.
MHAMC February 2025	5.3.1	5	MHA Quarterly Activity Report – Breaches / Analysis of Unlawful Detentions	To undertake a deep dive into adult mental health detentions within the RCT area and present to the next meeting of the Committee for discussion.	Chair, MHA Operational Group	Deputy COO/Director of Primary Community, Mental Health & LD	01/05/2025 **Now December 2025**	Open	**In progress** - The operational Group is scheduled to complete a deep dive into Adult Detentions for consideration at its October meeting. The report to the MHAMC on 20/08/25 provides some analysis of trends in relation to RCT Adult detentions which remain within the SPC chart upper control limit. On Agenda for December 2025 Meeting

CLOSED ACTIONS: Mental Health Act Monitoring Committee 2025

Name of Meeting: Mental Health Act Monitoring Committee

Committee Chair: Kath Palmer

Date of meeting the action originated from	Minute Item reference	Minute Reference Page Number	Item Title / Summary	Nature of Action	Lead Officer	Lead Executive	Timescale for action to be completed	Status of Action	Narrative Progress Update
6.2.1	5	Deep dive into section 135 should be brought up at the next Committee Meeting	This item is on the forward work plan however wasn't captured in the May Committee meeting. It was suggested to move it to the August Committee meeting.	Chair, MHA Operational Group	Deputy COO/Director of Primary Community, Mental Health & LD	aug-25	aug-25	CLOSED	This item was received at the August 2025 meeting.
MHAMC February 2025	5.4.	6	South Wales Police - Highlight Report	To request a written update from SWP and circulate to Committee Members outside of the meeting	Corporate Governance Team / South Wales Police		mai-25	CLOSED	The Corporate Governance Team has emailed South Wales Police in response to the action and sent chaser emails. Will update accordingly As of **April 2025**, it was agreed with the Executive Lead and Committee Chair that South Wales Police would present reports on an ad hoc basis due to their frequent attendance at Operational Group Meetings. If escalation is needed, it will be
MHAMC February 2025	5,6	6	Strategic Update from Local Authority Partners	Operational Management Board to discuss the issues raised in relation to transport.		Deputy COO/Director of Primary Community, Mental Health & LD	mai-25	CLOSED	The Service Director Mental Health and Learning Disabilities covered this off in her report to Operational Management Board and will escalate any actions needed as they arise. PROPOSE TO CLOSE
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	CLOSED	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	CLOSED	It was agreed to close this action at the February 2025 Committee meeting, However, with further updates to be received within the Risk Report and a separate progress report to be received at a future meeting.
MHAMC September 2024	5,6	6	Strategic Update from Local Authority Partners	Create a slide template for Local Authority representatives to facilitate ongoing review	LA Partners	Deputy COO/Director of Primary, Community, Mental Health & LD	des-24	CLOSED	A template was circulated for use in advance of the meeting.

Agenda Item
4.1

Mental Health Act Monitoring Committee

Organisational Risk Register

Dyddiad y Cyfarfod / Date of Meeting	4 December 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

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
Service, Function and Executive Formal Review	October / November 2025	RISKS REVIEWED
Executive Leadership Group	10 November 2025	MANAGEMENT REVIEW AND SIGN OFF RECEIVED
Audit, Risk & Assurance Committee	13 November 2025	RISKS REVIEWED
Quality, Safety & Experience Committee	18 November 2025	ASSIGNED 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 business sensitive risks have been appropriately assessed.

1.2 Whilst not strictly linked to the application of the Mental Health Act legislation at the request of the Committee all risks currently escalated to the Organisational Risk Register by the Mental Health & Learning Disabilities Care Group are captured in this report.

2. Specific Matters for Consideration

Risk Review

2.1 Care Groups and Central leads are continuing to review and update their assigned risks considering feedback received from Members in relation to scoring, actions with associated timeframes and ensuring timely reviews.

2.2 The Operational Management Board / Chief Operating Officer approves escalation of Care Group risks to the Organisational Risk Register.

2.3 The Executive Lead approves escalation of central/core function risks to the Organisational Risk Register.

2.4 Risks on the organisational risk register have been updated as indicated in red in Appendix 1.

2.5 Please note that the risk updates are captured at the time the Organisational Risk Register being finalised for submission, which on this occasion was the 5 November 2025.

Training

2.6 Risk training, although not a core training requirement under the statutory and mandatory framework, has been added to the Electronic Staff Record (ESR) to support staff in registering for training and to support ease of reporting. This is managed by the Quality Assurance and Compliance Team. Interest in the course continues with positive uptake.

2.7 The sessions are run by the Assistant Director of Governance & Risk and Heads of Quality and Safety. The session is held virtually via Teams on a monthly basis for a duration of 1 hour and covers the following areas:

- Risk Management Approach
- Practical Approach to Managing Risk
- Risk Assessment and Scoring
- Datix Risk Management Module

2.8 To date **804** 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. A dedicated risk session was also

delivered to the Local Public Health Team Away Day on the 4 November 2025 and numbers are being confirmed.

2.9 Focussed sessions to discuss risk have also been undertaken with Care Group Leads and other departments/directorates as required.

2.10 120 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 4.81 out of a maximum score of 5.

2.11 100% of the 120 attendees providing formal feedback found that:
- The session provided the right amount of information.
- They gained more confidence and knowledge in risk management having attended.
- They would recommend this training to a colleague.

2.12 98% of the 120 attendees providing formal feedback said they felt more confident to escalate a risk through the organisation.

2.13 Some of the recent comments from the session, received through evaluation, have been included below:
- *Personalised, well placed, easy to understand, time and opportunities to ask now, or at a later date*
- *Informative and succinct training, really well delivered, opportunities to ask questions and talk openly.*

3. Key Risks / Matters for Escalation

3.1 NEW RISKS

Mental Health & Learning Disabilities Care Group
- Datix Risk ID 6318 - Tier 3 SHED Team Service Delivery. New risk escalated in October 2025 with a risk score of 16.

3.2 CHANGES TO RISKS

Risk Score Increased

Nil this period.

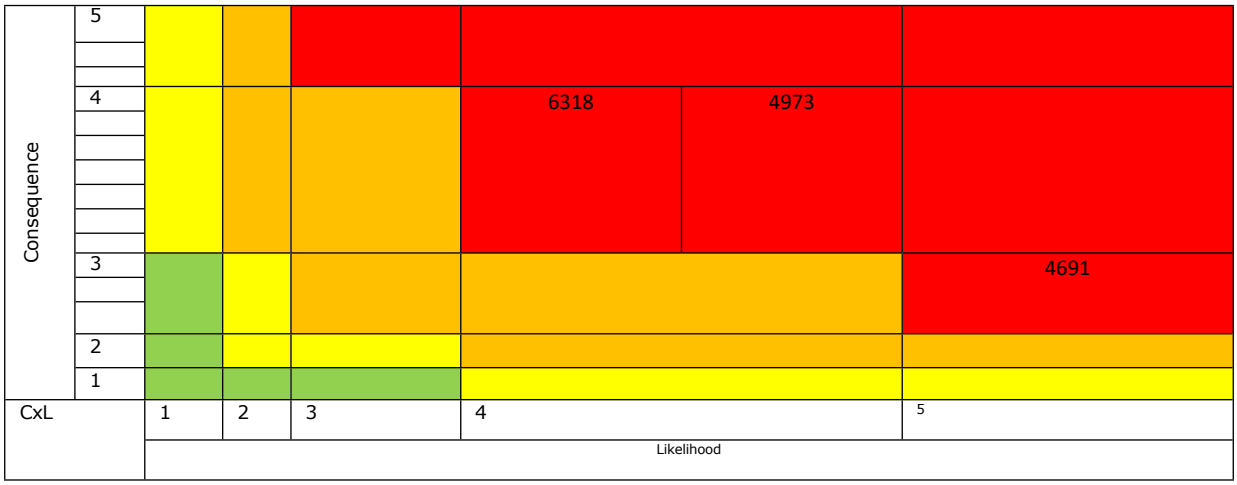
Risk Score Decreased

Mental Health & Learning Disabilities Care Group
- Datix Risk ID 5646 - The impact of "Right Care Right Person" (RCRP) approach. Proposed for de-escalation. At the MHLD Care Group Operational Management Board in October 25 it was agreed that it was unlikely the policy is not going to adversely affect the frequency of RCRP related incidents and therefore the likelihood scoring was reduced. The risk score is therefore recommended for reduction from a 16 to a 12.

3.3 CLOSED RISKS REMOVED FROM THE ORGANISATIONAL RISK REGISTER

Nil as assigned to this Committee.

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



4. Assessment

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

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

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	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: ☐	No: ☒
	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 Sub Committee can seek assurance from the report that all that can be done is being done to mitigate the risks

5. 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
1	Datix 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
23	4973	Chief Operating Officer	Mental Health Care Group	Care Group Service Director	Improving Care	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Clinical Medical Cover within CTM Adult Mental Health Services	**If:** CTM Mental Health Service fails to implement adequate senior medical cover across adult in-patient and CMHT services **Then:** the Health Board's ability to provide quality care, a safe environment for patients and a good standard of training for junior doctors will be reduced and potentially compromise the safety of patients and staff **Resulting in**: sub-optimal care to patients, inability to discharge its legal duties under the Mental Health Act, due to insufficient numbers of suitably skilled and experienced Approved Clinicians. Junior doctor supervision will be reduced which may affect future recruitment, patient safety/experience compromised and staff well being will be poor.	Functional inpatient model in place with 3 consultants to cover. Redeployment out of the service and resignation has led to a further depleted workforce and cover will reduce to two consultants from January 2025 with additional middle grade support. Rehabilitation service is at a critically low level with urgent closure of one service needed. Redeployment from inpatients to Rehabilitation of locum has had knock on effect on inpatients. Difficulty recruiting to locum posts due to introduction of rate card and need to have Welsh AC approval. Permission to go out to non-DE has been provided. Weekly cover rota going out to inpatients and rehab wards to ensure all are aware of the cover arrangements. Two PAs recruited to Rehab and IP in Jan/March 2025 which will free up senior time The Adult Directorate is managing medical staffing through "escalated action" procedures with daily scrutiny and communication pressures and counter measures to release the Consultant body. Daily reviews with Retinue on the availability of staff	Substantive jobs which are new posts are being developed and advertised. Substantive and significant programme of work running alongside this in the Medical Workforce Productivity in place. International recruitment drive looking to recruit two Specialty Doctors to Inpatients and Rehab in August 2025. Update October 2025 Medical staffing remains fragile across the whole of Adult Mental Health Services. There are significant pressures across inpatient services at Consultant level and particularly in relation to availability of Approved Clinicians. Recent recruitment activity has been unsuccessful. Mitigation plans include the use of Health Education Improvement Wales funding to secure a recruitment agency to fill two post and focused work to secure ST6's due to complete training in the next six months. Sufficient Approved Clinician input remains challenging and the recent recruitment processes for a Multi Professional Approved Clinician has not been successful. Care Group continue to monitor service fragility.	Quality, Safety & Experience Committee Operational Delivery Committee	16	C4xL4	12 (C4xL3)	↔	06.01.2022	06.11.2025	31.12.2025
34	6318	Chief Operating Officer	Mental Health Care Group	Service Director - MHLD	Improving Care	Safety & Wellbeing Patients / Staff and Public	Tier 3 SHED Team Service Delivery	**If:** The level of vacancies continues in the C+V UHB service for high risk eating disorder patients (SHED) **Then:** The service will be unable to fully deliver assessment and treatment interventions for CTM UHB residents. **Resulting in:** Patient safety concerns for a number of high risk patients	There are regular meetings with the SHED team to discuss the caseload.	Escalated at OMB 29.10.25 risk rating increased following dialogue with CMHTS. escalated to service director and director of nursing. The care group will progress with an action plan to mitigate the risk and the Care Group Service Director has requested a meeting with CAVUHB senior Mental Health leadership team to consider a route forward.	Quality, Safety & Experience Committee Operational Delivery Committee	16 New risk escalated November 2025	C4 x L4	C3xL2 = 6	New risk escalated to the Organisational Risk Register in November 2025	29.08.2025	6.11.2025	31.12.2025
42	4691 Linked to RTE Risks 4803, 4799, 3273 and 3019.	Chief Operating Officer	Mental Health Care Group	Interim Partnerships and Strategic Planning Lead for Mental Health and Learning Disability Services	Sustaining Our Future	Operational: • Core Business • Business Objectives • Environmental / Estates Impact • Projects Including systems and processes, Service /business interruption	New Mental Health Unit	**IF**: Mental health inpatient environments fall short of the expected design and standards. **Then**: Care delivered may be constrained by the environment, which is critical to reducing patient frustration and incidents as well as presenting more direct risk as a result of compromised observations. **Resulting in**: Compromised safety of patients, potential avoidable harm and compromised safety for staff in the workplace and extended lengths of stay.	A Quality Improvement programme in relation to inpatient care has started and a work stream in relation to Safe and Therapeutic Environments has been established with the aim of optimising the patient experience. Inaugural workshop took place on the 26th April. Assistant Director of Strategic Transformation – Mental Health has commenced in post. This new role will lead a range of strategic programmes including recommencing a capital business case for a new Mental Health Unit. Annual revisiting of all patient ligature risks and completion of Statement of Needs via capital process for any ligature risks assessed as needing resolution. All anti ligature works planned for 2022 – 2023 have now been completed. A scoping document case is to be prepared and submitted to WG. Inpatient Improvement Programme established April 2023	Update September 2025 Risk reviewed 27 August 2025 - no change at present Meeting arranged with Adult Directorate to fully update mitigation to include; Potential ward moves Cessation of PICU SLA with SBUHB Impact of National programmes of work Changes to the RGH inpatient model Single S136 suite Update October 2025 Routine ligature audits have identified key environmental risks on one of our wards at Royal Glamorgan Hospital. Estates work is planned and until this is completed additional staff are being rostered to supervise the particular area.	Quality, Safety & Experience Committee Operational Delivery Committee	15	15 (C3xL5)	6 (C3xL2)	↔	15.06.2021	06.11.2025	31.12.2025

Datix ID	Strategic Risk owner	Strategic Objective	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Rating (Target)
5646	Chief Operating Officer	Improving Care	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	The impact of "Right Care Right Person" (RCRP) approach.	**If:** South Wales Police (SWP) implement Right Care Right Person **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 S136 Mental Health Act. **Resulting in**: Increased risks to our staff and the people who use our services.	Multi-agency planning meetings have been arranged to review policies. 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. 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.	Update October 2025 The final Phases of RCRP went live in March 25. There have been no incidents escalated through the health board in relation to RCRP. In the RCRP Health Board wide meeting held on June 25 it was agreed to recommend a reduction in the likelihood score from 4 to 3 which would give an overall score of 12. This position was considered at the MH&LD Care Group OMB in July but with the release of the SWP revised S135/6 policy it was agreed to wait to review. This policy has not been released. At the MH&LD Care Group OMB in October 25 it was agreed that it was unlikely the policy is not going to adversely affect the frequency of RCRP related incidents and therefore the Likelihood scoring. The risk score is therefore recommended for reduction to 12.	Quality, Safety & Experience Committee Mental Health Act Monitoring Committee	12 (C4xL3) Risk score reduced from a 16 to a 12	8 C4xL2

De-escalation Rationale
Proposed for de-escalation. At the MHLD Care Group Operational Management Board in October 25 it was agreed that it was unlikely the policy is not going to adversely affect the frequency of RCRP related incidents and therefore the likelihood scoring was reduced. The risk score is therefore recommended for reduction to 12.

Agenda Item
5.2

Mental Health Act Monitoring Committee

MENTAL HEALTH ACT OPERATIONAL GROUP REPORT	
Dyddiad y Cyfarfod / Date of Meeting	04/12/2025
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 Deputy Chief Operating Officer

Pwrpas yr Adroddiad / Report Purpose	For Review

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
PICU	Psychiatrist Intensive Care Unit

RCTCBC	Rhondda Cynon Taff County Borough Council
MTCBC	Merthyr Tydfil County Borough Council

1. Situation /Background

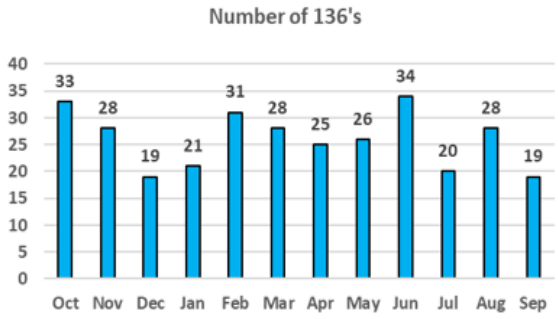
1.1 The Operational Group has met on one occasion since the last meeting of the Mental Health Act Monitoring Committee which took place 20th August 2025. The meeting on 22nd October 2025 was well attended with representatives from across Adult Mental Health Services, CAMHs, Mental Health Act Team, Social Services, IMHA Service, South Wales Police and the Ambulance Service

2. Specific Matters for Consideration

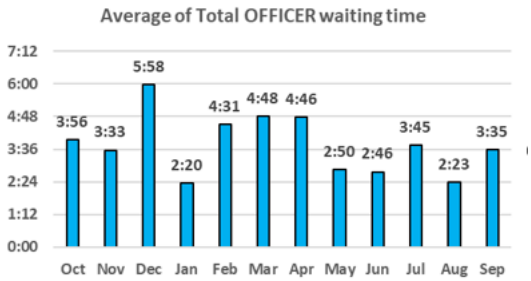
2.1 Waiting Times for Section 136 Assessments April – June 2025

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

Graph 1. Total No. of Section 136 Detentions



Graph 2. Average of Total Officer Waiting Time



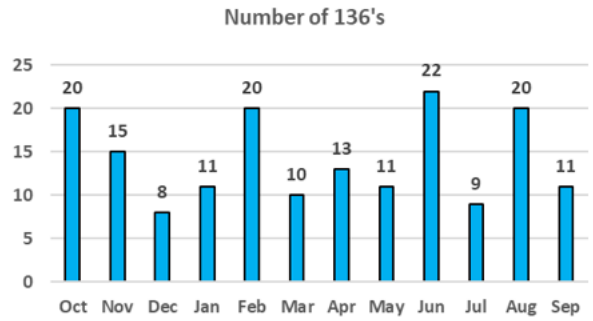
Graph 3. Total Officer Waiting Time

Graph 2 above shows an increase in average total officer waiting times for July and September 2025. This was being driven by higher emergency department waits. The Operational Group were encouraged that the South Wales Police had not escalated any extended waits during Q2.

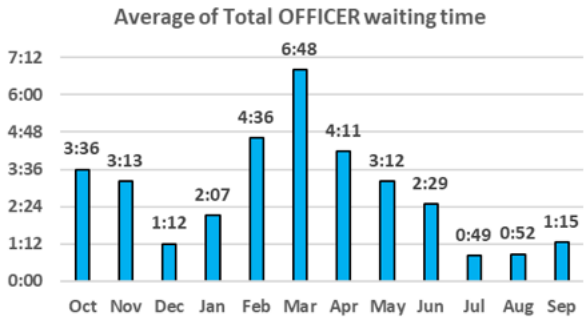
Graph 3 shows 169 Section 136 applications having Police waits of less than 1 hour over the year. This is 55% of the total Section 136 applications made during the 12 months period. There were 142 (45%) Section 136 applications who waited longer than 1 hour, 71 (50%) of whom waited less than 4 hours.

Presentation to Health Board's Place of Safety;

Graph 4. Total No. of 136 Detentions



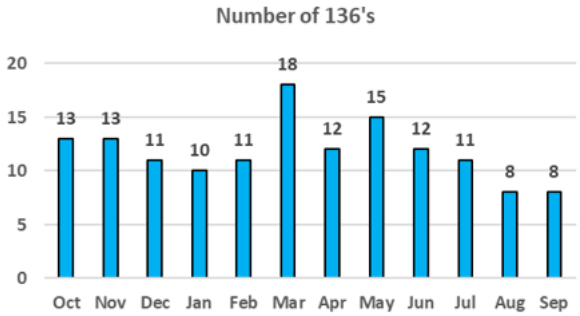
Graph 5. Average of Total Officer Waiting Time



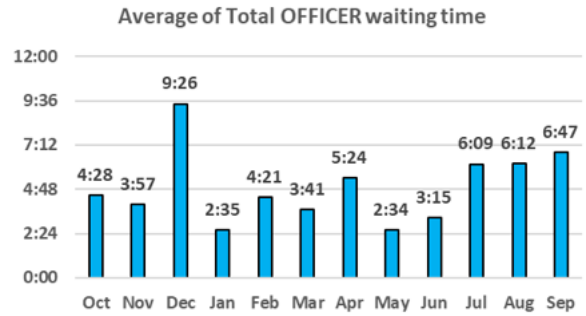
Graph 5 shows the total Officer waiting time in the Place of Safety had reduced in July, August and September. The Operational Group discussed the reasons for individual waits which could include access to an inpatient bed. The agreed revision to the Section 140 Policy which permitted the admission of patients above normal numbers when this was required and following careful risk assessment may have contributed to the reduction.

Presentation to Health Board's Emergency Department;

Graph 6. Total No. of 136 Detentions



Graph 7. Average of Total Officer Waiting Time



The total officer waiting times in Emergency Departments had increased in July, August and September from a high in December with the main delays continuing to be intoxication and medical concerns. There was a discussion in the Operational Group around data accuracy for some of these emergency department waiting times. The informatics department would be asked to review this.

2.2 South Wales Police review of the Section 136 policy

The South Wales Police convened a stakeholder engagement event on 3rd October 2025 to discuss a revised draft Section 136 Policy. The event was a helpful opportunity to discuss the new proposals with partners. The new draft policy included new escalation arrangements (Appendix 1) following delays in handover at a Place of Safety, including A&E.

These escalation arrangements would be applied with due consideration being given to any operational risks at the time. The South Wales Police Mental Health Liaison Officers would be able to provide advice and support. The need for handover arrangements to be clearly described was understood and our Health Board was finalising a local Standard Operating Procedure in relation to this**.**

South Wales Police colleagues accepted that better use could be made by their officers in relation to the 111 #2 professionals' line when considering making use of Section 136. There was a need for clarity around the Place of Safety arrangements for children. It was understood that the adult places of safety within the Health Board should be used for Young People who were 16+ years of age. For younger people below this age local emergency departments would be the Place of Safety.

2.3 Mental Health Act Activity Report Q2, July - September 2025

The Group noted the 19% decrease in total adult Detentions from 121 in Q1 to 97 in Q2 this followed a 28% rise in Detentions in Q1. The 2022/25 mean for adult Detentions was 113. The number of adult RCT Detentions had decreased in Q2 down to 45 this compared with a 2022/25 mean of 57. The number of older people's Detentions had also reduced by 9% from 44 in Q1 to 40 in Q2. The mean for 2023/25 was 42. These variations were within the upper and lower Statistical Process Control (SPC) lines.

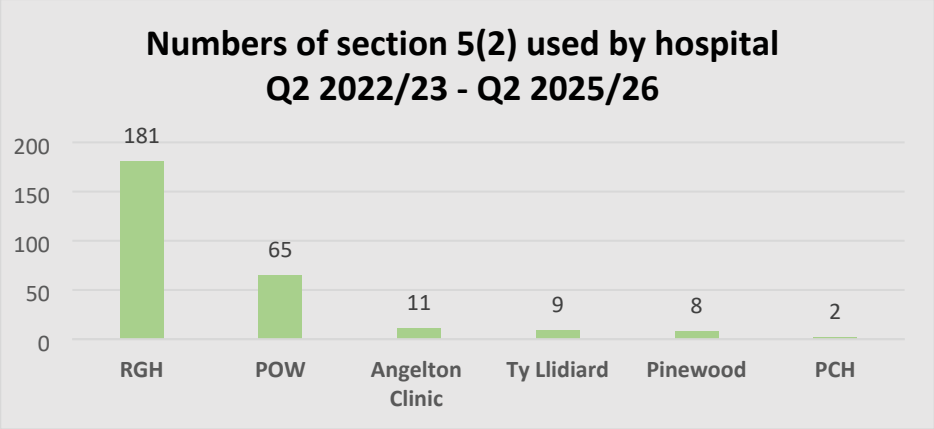
The use of Section 136 had decreased from 85 in Q1 to 67 in Q2. The number of Section 135s had also fallen from 9 in Q1 to 3 in Q2. The combined Q2 figure of 70 was close to the 2021/25 mean of 73. Again, within the normal range of variation which the Operation Group would expect. The number of Section lapses reduced from 2 in Q1 to 1 in Q2. This related to a CTO recall on the admissions ward at the Royal Glamorgan Hospital when the patient was not reviewed before the inpatient recall had lapsed. The RC was at the time absent from work and there were ongoing challenges with the provision of cover. The Operational Group

reviews each lapse which is not considered good practice within the Code of Practice. The Operational Group considered wider reviews on the use of Section 62 emergency treatment and Section 5(2) Doctors holding powers. These are detailed below.

2.4 Review of Section 5(2) Doctors Holding Power Q2 2022/23– Q2 2025/26

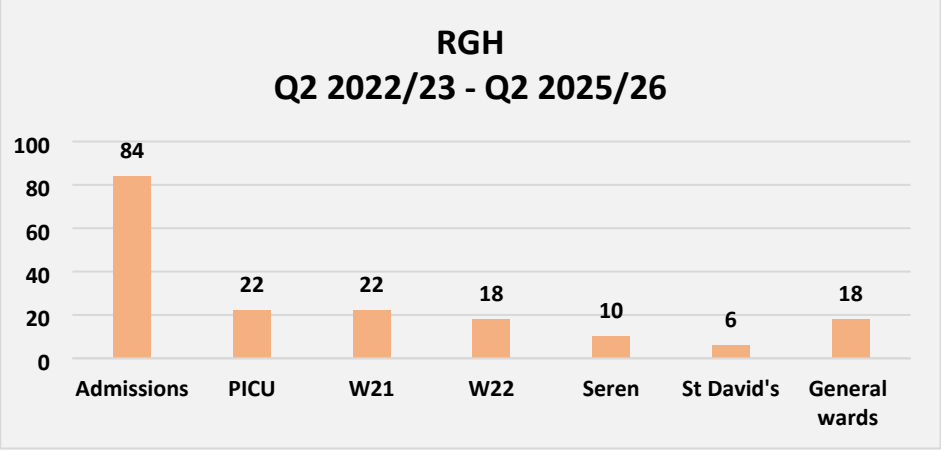
The Operational Group regularly review the use of Doctors Holding Powers which can be used to hold an informal or voluntary patient in a hospital for up to 72 hours if the doctor believes a Mental Health Assessment should be undertaken before they leave. The graph below shows the use of this section in each hospital. Whilst Section 5(2) can be used to effectively manage patient risks when they take discharge against medical advice higher use could point to the need for greater use of Section 2 and 3 rather than informal admission.

Graph 10. Number of Section 5 (2) used by hospital Q2 2022/23 – Q2 2025/26

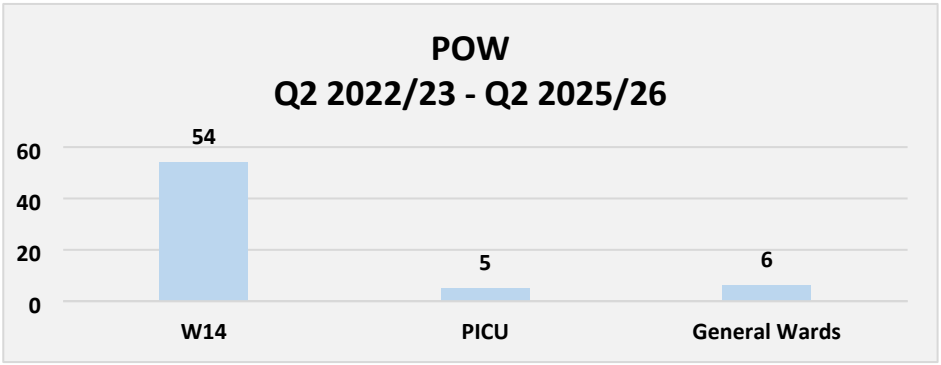


The graph above shows higher use of Section 5(2) in the Royal Glamorgan Hospital rather than the Princess of Wales Hospital when standardised against population served.

Graph 11. RGH Q2 2022/23 – Q2 2025/26

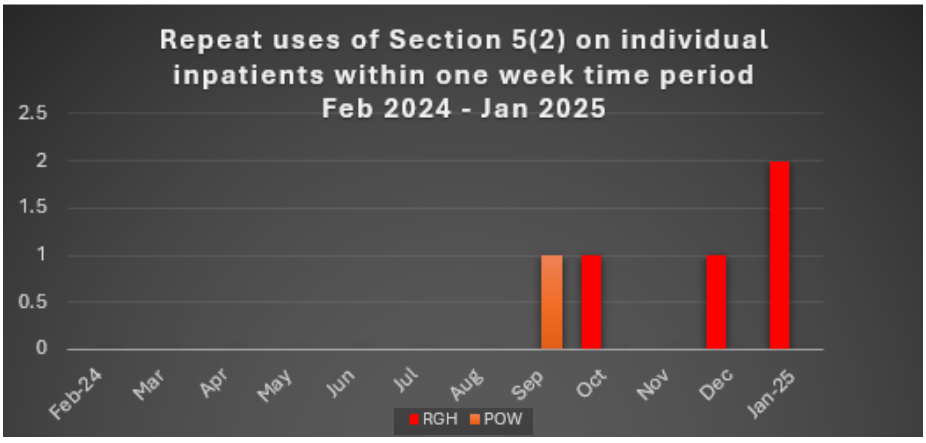


Graph 12. POW Q2 2022/23 – Q2 2025/26



The use of Section 5(2) on the Adult Mental Health wards in the Royal Glamorgan Hospital for the period 2022/23 to 2025/26 was 146 compared with 59 in the Princess of Wales Hospital. The UK and Welsh benchmarking information which is available to us shows lower use of Section 2 and 3 Detentions in the Royal Glamorgan Hospital. The Operational Group will consider possible relationships between higher use of 5(2) and informal admissions in their Deep Dive into Adult Services. The Group also explored the repeat use of Section 5(2) on individual inpatients within a 1-week time period this is shown in the graph below.

Graph 13. Repeat uses of Section 5(2) on individual inpatients within one week time period Feb 2024 – Jan 2025.



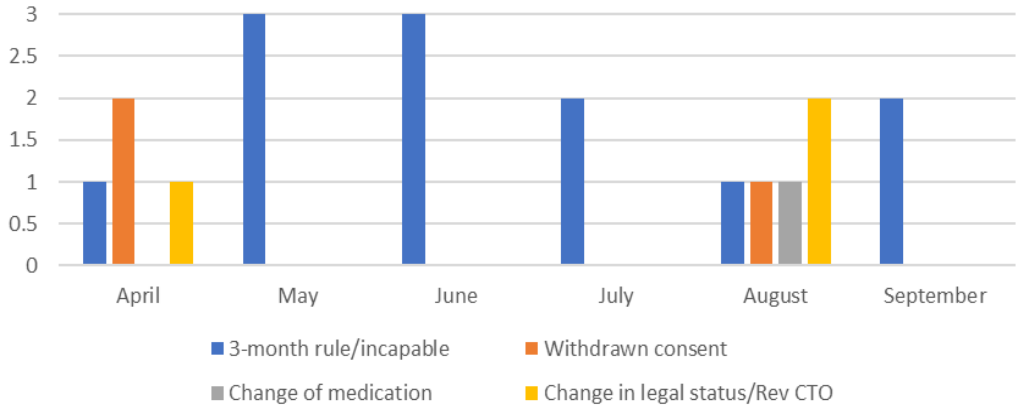
The Group reviewed the 5 occasions shown in the graph above; all of which followed a pattern of initial use which was later rescinded followed by a second use which was regraded to either Section 2 or Section 3.

It was understood the second use of Section 5(2) occurred after the patient's decision to stay informally on the ward following its initial use. It was considered that such practice could be least restrictive. The Group presumed the use of Section 2 or 3 had been considered when the first Section 5(2) was rescinded.

2.5 Review of Section 62 emergency treatment

Section 62 of the MHA is a provision that allows for urgent treatment to be given to patients who are detained in those circumstances where there is not a valid Consent to Treatment form which is necessary after 3 months from the date of Detention. The Operational Group had agreed to review the use of Section 62 which had been used on 10 occasions in Q1 and 9 occasions in Q2. The graph below identifies the reasons for using Section 62 on the 19 occasions between April – September 2025.

Graph 14 Reason for the Use of S62 in hospital settings (April – September 2025)



The reasons for use of Section 62 are as follows:

- 3 occasions when a patient who had previously agreed to their treatment withdrew their consent.
- 3 occasions when there was a change in legal status from CTO to Detained inpatient.
- 1 change of medication which required a renewal of the consent form.
- 12 occasions when the 3-month from Detention rule or the valid consent certificate had expired and a consent form was not in place.

A Consent to Treatment form is not required during the first 3 months of Detention. It is good practice for the RC to submit a request for a second opinion assessment 4 weeks before the expiry of the 3-month period or a valid consent certificate.

There were 7 occasions in Q1 and Q2 when the RC did not submit the SOAD request until after the expiry of the 3-month rule. The use of emergency treatment under Section 62 could be reduced with the more-timely completion of the SOAD request form by the RC and certificates being provided by SOADs. The Mental Health Act office provide up to 3 reminders to the RC, Ward Staff and Administrative Support Staff when consent forms need to be developed/renewed The Operational Group would continue to monitor this and acknowledged the current challenge in relation to RC cover within the adult inpatient setting.

Healthcare Inspectorate Wales (HIW) have set target Key Performance Indicators (KPIs) to monitor the efficient delivery of the SOAD service. These are to complete and issue certificates within certain deadlines from when the case is allocated to a SOAD as opposed to the date that HIW receive the request form. The longest wait time for a SOAD to issue a Consent to Treatment certificate (Form CO3) was 34 days. This was attributed to the delay the SOAD encountered when contacting the second statutory consultee. It was agreed that if a SOAD experiences any difficulties in obtaining a second consultee they should contact the MHA office for assistance.

2.6 Mental Health Act Errors and Breaches Q2, July to September 2025

The number of minor rectifiable errors had reduced from 7 in Q1 to 2 in Q2. There were no fundamental breaches. It was pleasing to note that 4 of the previous 5 quarters had recorded no fundamental breaches. The Group considered the miscellaneous errors relating to doctors holding powers. The first related to the use of Section 5(2) in the Princess of Wales Hospital PICU and the signing of the form by a nursing rather than medical staff member. The second related to the use of Section 5(2) in the Princess of Wales Hospital Medical Assessment Unit when the detaining Doctor had downloaded the English form from the internet. Both staff members have been advised of their error. The Group also agreed to pursue the establishment of a Care Group governance forum previously recommended for medical colleagues which would help share learning around errors and breaches. Such a group could also consider learning from mortality reviews.

2.7 Place of Safety Facilities in the Health Board

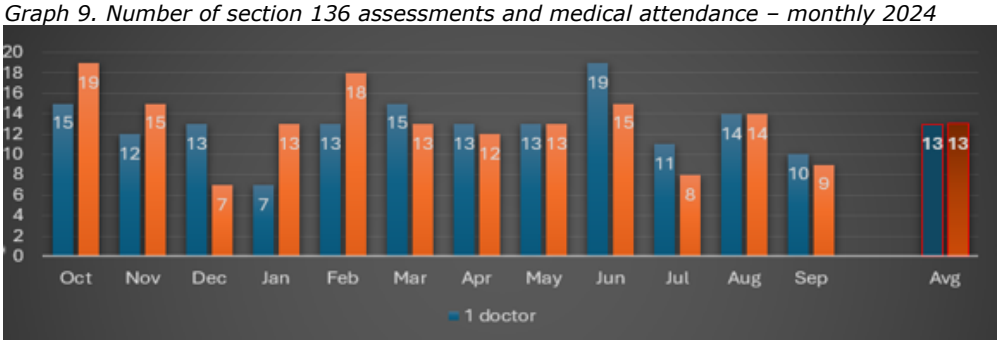
Due to some improvement work being commissioned for the Prince Charles Hospital Place of Safety which is located within the Emergency Department this facility has temporarily transferred to the Royal Glamorgan Hospital for a three-month period starting 1st September 2025. The Royal Glamorgan Hospital place of safety will be used for patients from the Merthyr Tydfil locality who are medically optimised and safe to travel. A Memorandum of Understanding has been developed between RCTCBC and MTCBC to facilitate this temporary transfer.

Following concerns raised at a recent HIW review of Ward 14 in the Princess of Wales Hospital proposals have been developed for the creation of a new Place of Safety suite. It is proposed that this new facility will be located adjacent to Ward 14. The Adult Services Directorate has begun a process of stake holder engagement to discuss this development.

2.8 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 higher and sustained numbers of single doctor assessments for 2025/26 when compared with the previous year. Second doctors are required as part of the assessment process if Detention is necessary.

Graph 9. Number of section 136 assessments and medical attendance – monthly 2024



None of the 10 single doctor assessments which took place in September resulted in Detention. All of these occurred out of hours. 3 of the 9 2-doctor assessments took place within hours with 1 resulting in Detention. The remaining 7 2-doctor assessments took place out of hours with none resulting in Detention.

This information was being shared with consultant colleagues in their regular Senior Medical Staff meeting in order to help raise awareness and promote the effective deployment of assessing doctors.

2.9 Section 117 Aftercare - Review of Registers

The Code of Practice for Wales defines the purpose of Section 117 as meeting a need arising from the patient's mental health disorder or to reduce the risk of deterioration. The Mental Health Act Team have with partners developed a procedure to ensure the effective maintenance of the register. Work to validate the register is continuing with a delay in the Adult Taff Ely CMHT being attributed to administration shortages. This has been escalated within the Care Group. Work has already begun on developing an audit tool which can be finalised for use once work on the register has been completed.

2.10 Review of Section 135 (1) and 135 (2)

The Operational Group completed a Deep Dive into Section 135 which was presented to the August meeting of the Mental Health Act Monitoring Committee. One of the identified actions was the development of an agreed Standard Operating Procedure to assist staff members making a Section 135 application to the court. The Group discussed the guidance note prepared by Local Authority colleagues which would form the basis of the new procedure. This would be developed for discussion and the next Operational Group Meeting.

2.11 Mental Health Review Tribunal Update

The Group discussed some changes in relation to the MHRT. From 1st December 2025 the Tribunal will start to list Tribunal dates without first confirming RC availability. This new scheduling process would need to be closely monitored. The Tribunal had introduced a new application form MHRTW-01 for patient hearings (appendix 2). A new capacity form (appendix 3) also needed to be completed by

the RC at the point when an application was being submitted. This will facilitate the appointment of a legal representative when the patient lacks capacity to appoint a representative.

2.12 Revised ward configuration for Adult Mental Health services in Royal Glamorgan Hospital

The Group considered the introduction of a revised ward configuration for Adult Acute in-patient care at the Royal Glamorgan Hospital. From 13 October 2025 the existing assessment ward and treatment wards 21 and 22 would be re-configured into two assessment and treatment wards together with a single pre-discharge facility. The admission ward would become the admission and treatment ward for the Merthyr Tydfil and Taff Ely areas. Ward 22 would become an admission and treatment ward for the Rhondda and Cynon areas. Ward 21 would become a pre-discharge facility for all localities within the Rhondda Cynon Taff and Merthyr Tydfil areas.

2.13 The Mental Health Act Training

The Operational Group discussed the training events which has been delivered in relation to the new Mental Health bill which had been sponsored by Digital Health and Care Wales and Health Inspectorate of Wales. A Welsh Government update presentation is attached (Appendix 4). The Group noted the proposals in relation to treatment requiring a therapeutic benefit and the removal of Autism and/or Learning Disability from the group of patients who could be Detained under the act.

The Mental Health Act team were coordinating a training day scheduled for 26th February 2026. The event is planned to cover the following areas:

- Capacity:
  - Fluctuating capacity - in relation to longitudinal decisions for example, residence, admission to hospital
  - Insight - and its relevance to capacity
  - Belief - and its relevance to capacity
- The meaning of 'examine' for the purpose of s3 renewals and CTO extensions.
- The meaning of 'appropriate medical treatment' for use of s3 in cases of neurodiversity
- The interface between the MHA and MCA for treatment of mental disorder in a hospital
- S17, a recent Supreme Court decision which might be helpful in managing patients in the community.
- S136 expiry and how to authorise what would be an unlawful deprivation of liberty.
- Claims for damages due to negligence in a MH context
- Authority for deprivation of liberty of children, parental and corporate parental rights and limits

- Treatment for mental disorder, cases concerning PEG feeding and treatment for diabetes.

2.14 Hospital Managers Power of Discharge Committee Meeting

The Group noted the minutes of the Power of Discharge Committee Meeting held 21st October 2025. The meeting had included a presentation on Trauma Informed Care from our Trauma Stress Pathway Service.

2.15 Independent Mental Health Advocacy Q2 2025/26 (July – September)

106 qualifying and 133 informal patient referrals were received in Q2. The number of referrals from Bridgend continued to increase with 50 being received from Coity Clinic, Princess of Wales Hospital. It was encouraging that levels were rising from their previous low level. The Health Board Advocacy Contract with South Wales Advocacy requires the provision of this service across the region including the independent sector. The Operational Group noted the 11 referrals received from the independent sector. The Group considered the case studies described in the quarterly report which detailed support provided to patients in relation to discharge planning and access to leave. The advocates continued to raise awareness of best interest process and patients' rights under the Mental Capacity Act. This was considered an area which could benefit from further staff training.

2.16 Progress on Deep Dive into Adult Mental Health Detentions

The Operational Group has begun work on the deep dive with a number of meetings being held with colleagues from the Adult Service Group. Information has been gathered on Section 136 trends and we have looked at those subject to these powers who were also care co-ordinated. We have begun to look at the UK and Welsh benchmarking data including the number of admissions and Detentions per 100k population within our region. We are aiming to consider variation between the Royal Glamorgan Hospital and Princess of Wales Hospital sites. We will also look at available bed numbers within our region. We are aiming to complete this review for discussion at the next meeting of the MHA Monitoring Committee.

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 1 below.

Table 1. 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	Revision agreed in the operational Group meeting 25/7/2025. For approval in Care Group Policy Committee and Executive Management Board.
New	Allocation of Responsible Clinician	AT	Agreed at the Operational Group meeting on 07/11/2024.

			Ratified in the MHAMCM on 19/02/2025.
New	Standard Operating Procedure for S117	AT	Agreed at the Operational Group meeting on 07/11/2024. Ratified in the Executive Management Board on 25/11/2024.
MH03	Section 136		South Wales Police to update policy with partners.
MH02	Section 135(1) Section 135(2)		South Wales Police to update policy with partners.

AGREED FOR REVIEW

2.18 Operational Group Work Plan

The Group considered a proposed work plan including the following items: -

Table 2. Operational Group Work Plan

Activity	Progress	Timescale
Service user feedback	Advocacy Support Cymru to circulate CTO Questionnaire involving the patients care coordinator.	March 2026
Policy Work	The South Wales Police have begun an engagement process in relation to the renewal of the Section 136 Policy. The engagement event which took place 3rd October 2025 was reviewed in the Operational Group meeting held on 22nd October 2025.	March 2026
Review of the Section 135	Following the Deep Dive the Operational Group is coordinating the development of a Standard Operating Procedure to guide staff making a Section 135 application to the court.	March 2026
Review of Adult Detentions	Completion of a deep dive into trends in Adult Detentions.	March 2026
Quality Impact Assessment	Screening exercise to be completed by the Operational Group.	March 2026
Equality and Welsh Language	Impact assessment screening to be completed by the Operational Group.	March 2026
Review of Section 117	An audit tool will be developed to measure our Service against the standards within the Code of Practice and our local policy. Prior to this the 117 register needs to be fully cleansed.	February 2026

3 Key Risks / Matters for Escalation

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

The South Wales Police have begun their engagement on the development of the new Section 136 policy. Full engagement with partners is necessary to ensure agreement on any new ways of working for example those in relation to the handover of Section 136 patients to the Health Board. These handover arrangements will be supported by new escalation arrangements together with some additional dedicated staffing and upgraded Place of Safety facilities.

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

The Health Board's recent bid against the Welsh Government Targeted Estates Fund had been successful and the refurbishment work had started in September. Whilst this work was underway this place of safety would temporarily transfer to the Royal Glamorgan Hospital Mental Health Unit. The two Local Authorities have developed a Memorandum of Understanding to help facilitate this temporary change.

3.3 Section 117 Aftercare – review of registers

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

3.4 Increased use of Section 62

The Group will continue to closely monitor the use of these emergency provisions focussing on the timely submission of SOAD requests to Health Education and Improvement Wales (HEIW). This is necessary to ensure that a Consent to Treatment form is in place three months after the Detention had begun or that existing consent forms do not lapse.

3.5 Mental Health Act Errors and Breaches

It was pleasing to note that there had been no fundamental breaches in 4 of the previous 5 quarters. The Operational Group will continue its focus on training, Mental Health Act checklists and regular governance reviews. A new quarterly governance forum for all medical staff was also to be taken forward.

4 Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM /	Improving Care
	If more than one applies please list below:

Link to CTMUHB Strategic Goal(s)	
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))*	Data to Knowledge Learning, Improvement & Research
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **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 *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: To be included in work plan for the Operational Group.
Cydraddoldeb a'r Gymraeg *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /* **Equality and Welsh Language**	Yes: ☐	No: ☒
	Outcome for Equality (delete as appropriate):	If no, please include rationale below:

Have you undertaken an Equality and Welsh Language Impact Assessment Screening?	POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	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 *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.	

5. RECOMMENDATION

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

6. Appendices (attached as supporting documents in Admin Control)

5.2a Appendix 1 – Draft South Wales Police Escalation Process for Delays in Handover at a Place of Safety.	Draft South Wales Police Escalation Proc
5.2b Appendix 2 – Patient Capacity Statement	Capacity Statement form Jan 25 (002).doc
5.2.c Appendix 3 – Application for a Mental Health Review Tribunal	MHRTW01 Patient Application (English L
5.2d Appendix 4 - Welsh Government Presentation on the Mental Health Bill	WG Mental Health Bill presentation -Sept

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

Agenda Item
5.3

Mental Health Act Monitoring Committee

MHA Activity Report with Breaches and Errors for Quarter 2 (Jul - Sep 2025/26)

Dyddiad y Cyfarfod / Date of Meeting	04/12/2025
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Mrs Alison Thomas – MHA Manager Jeremy Burgwyn - MHA Team Lead
Cyflwynydd yr Adroddiad / Report Presenter	Mr Robert Goodwin – Directorate Manager, CAMHS and Specialist Services
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gethin Hughes, Chief Operating Officer

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group /Forum Individuals	**Date**	**Outcome**
MHA office staff/ MHA Operational Meeting	22/10/2025	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
ECHR	European Court of Human Rights
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. Background

1.1 The purpose of this report is to present activity data including errors and breaches regarding the application of the Act within CTMUHB. The report presents the MHA activity to the MHA Monitoring Committee in respect of Q2 (Jul - Sep 2025/26). The report covers Adult, Older Persons Mental Health and CAMHS services managed by CTMUHB. A Glossary of terms is attached for ease of reference (Appendix 2.)

2. Specific Matters for Consideration

2.1 Adult Detentions

Graph 1

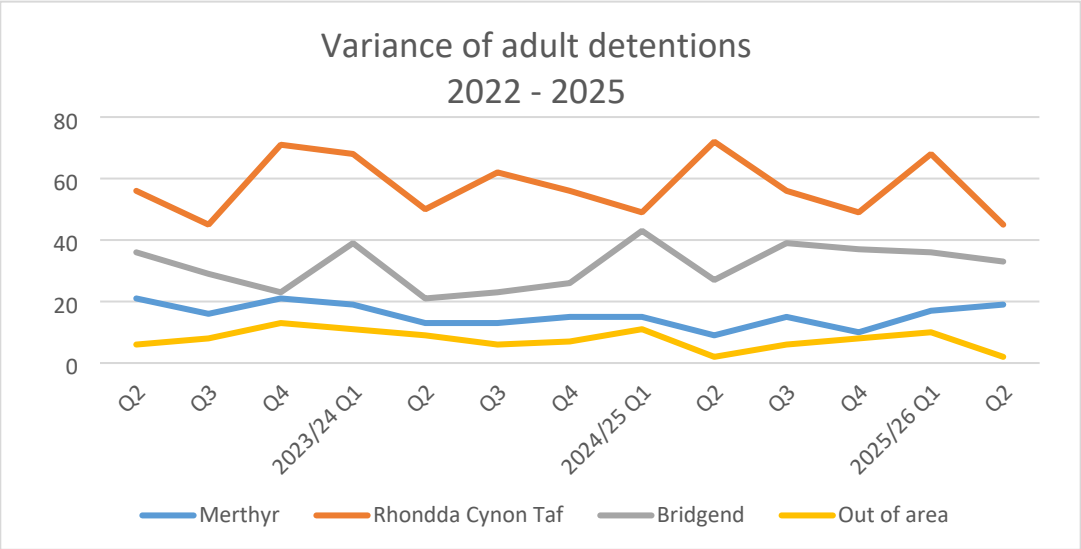
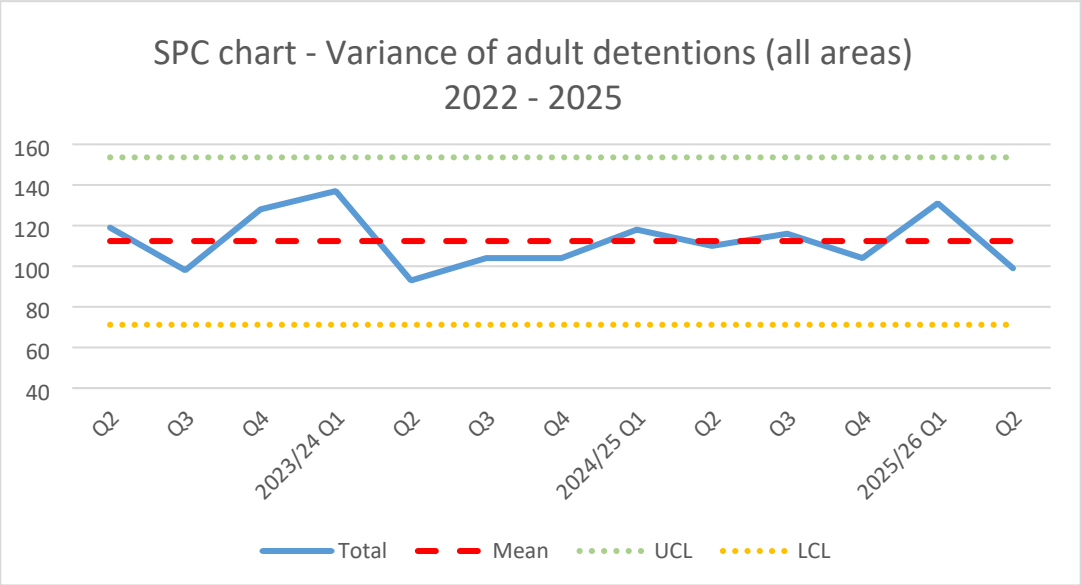


Chart 1



Despite slight variances from mean, Q2 figures are within a normal range and the SPC control limits for all areas. Further information on the utilisation of each section can be found on P15 of Appendix 1.

Table 1

Locality	Mean 2022/25	Q2 2025/26
Merthyr	16	19
RCT	57	45
Bridgend	32	33
Out of area	8	2
Total	**113**	**99**

2.2 Older Persons Detentions

Graph 2

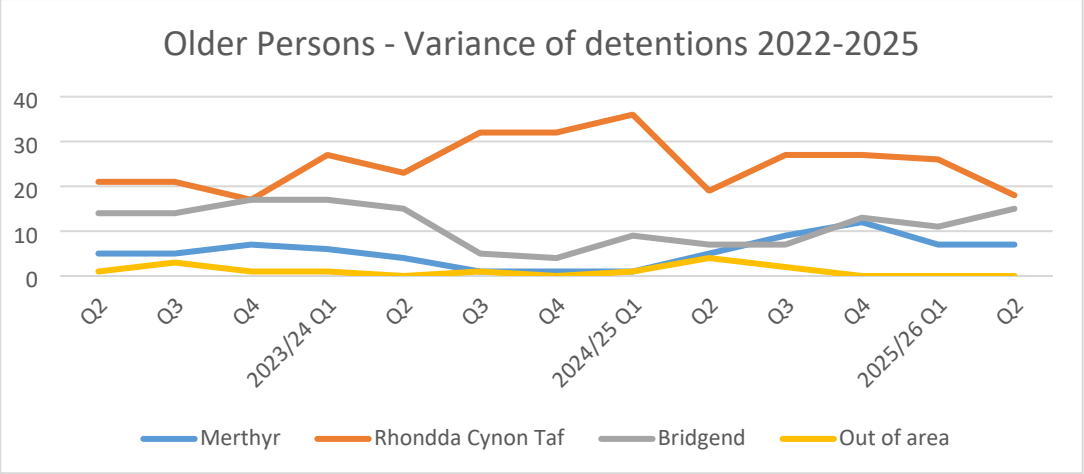
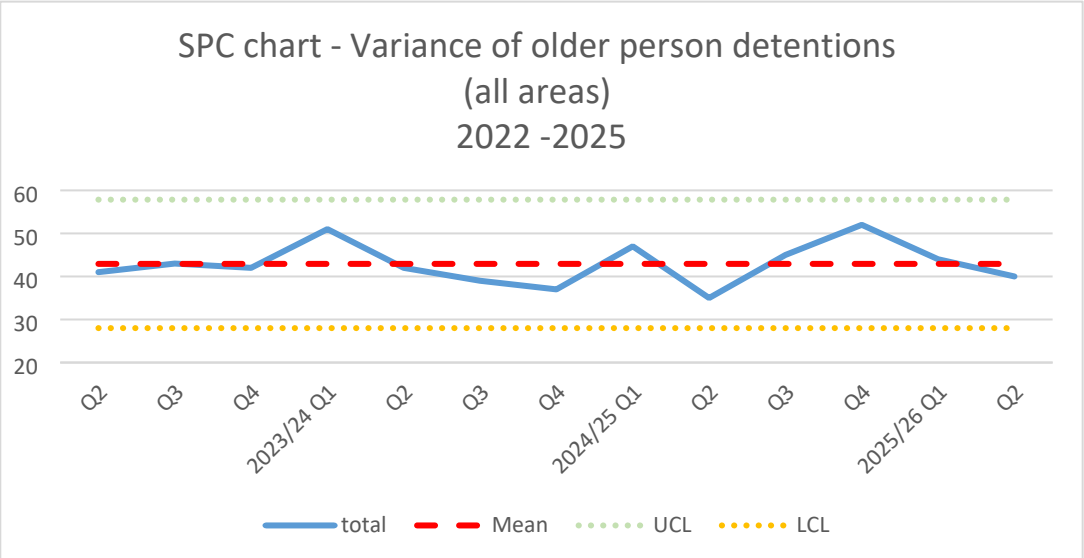


Chart 2



Despite slight variances from mean, Q2 figures are within a normal range and the SPC control limits for all areas. Further information on the utilisation of each section can be found on P16 of Appendix 1.

Table 2

Locality	Mean 2023/23	Q2 2025/26
Merthyr	5	7
RCT	25	18
Bridgend	11	15
Out of area	1	0
Total	**42**	**40**

2.3 CAMHS Detentions

Graph 3

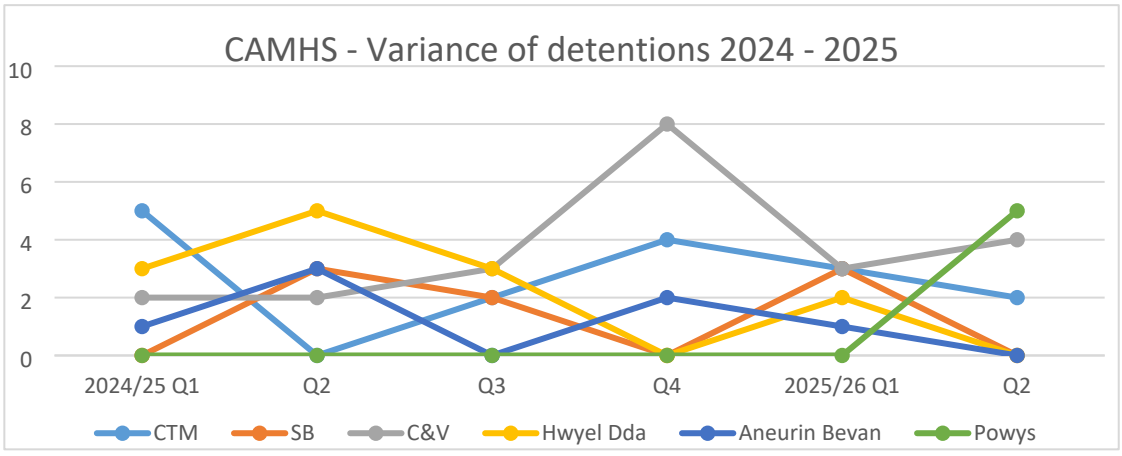
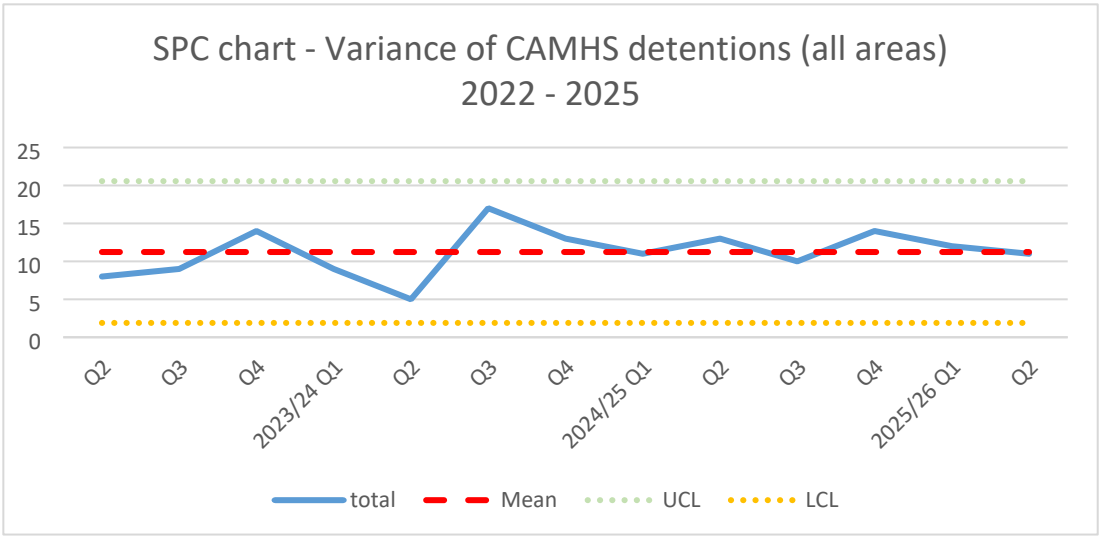


Chart 3



Despite slight variances from mean, Q2 figures are within a normal range and the SPC control limits for all areas. Further information on the utilisation of each section can be found on P17 of Appendix 1.

Table 3

Health Board	Mean 2023/25	Q2 2025/26
CTMUHB	3	2
SBUHB	2	0
C&VUHB	3	4
HDUHB	1	0
ABUHB	1	0
PTHB	0	5
Total	**10**	**11**

2.4 Community Treatment Orders (CTO)

The current CTOs in each area are shown below along with the table of mean figures for each area. There were 19 CTOs in place at the end of Q2.

Graph 4

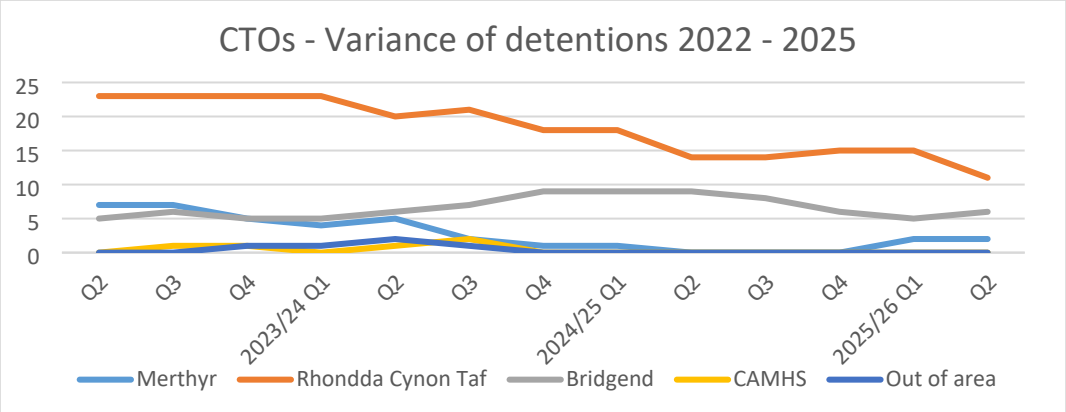


Chart 4

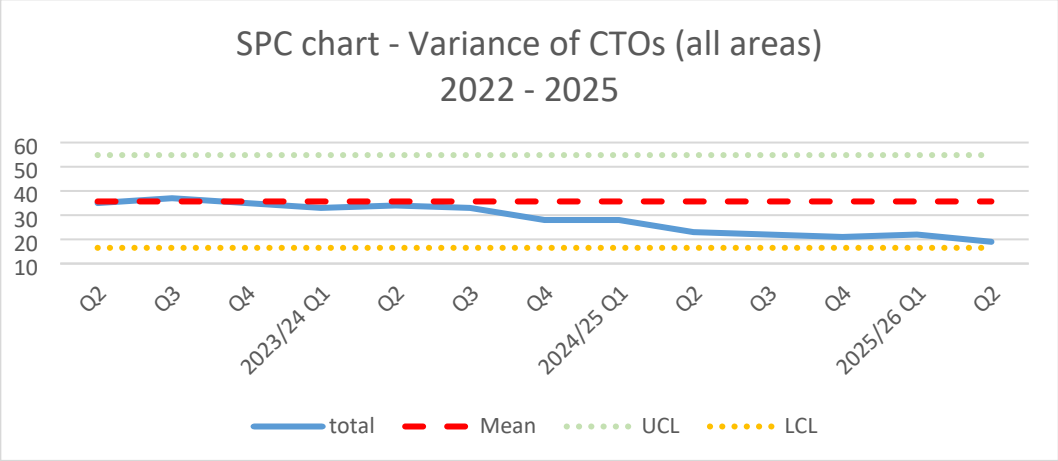


Table 4

Locality	Mean 2023/25	Q2 2025/26
Merthyr	3	2
Rhondda Cynon Taf	18	11
Bridgend	7	6
CAMHS	0	0
Out of area	0	0
Total	**28**	**19**

The reduced use of CTOs is an established trend, which reflects the reduced use of CTOs across other Health Boards in Wales. Further information on P21 of Appendix 1 including breakdown of all CTO activity.

2.5 Use of Section 135/136 Police Powers

Graph 5

This graph illustrates uses of Section 135/136 throughout the LSSAs from Q2 2022/23 to Q2 2025/26.

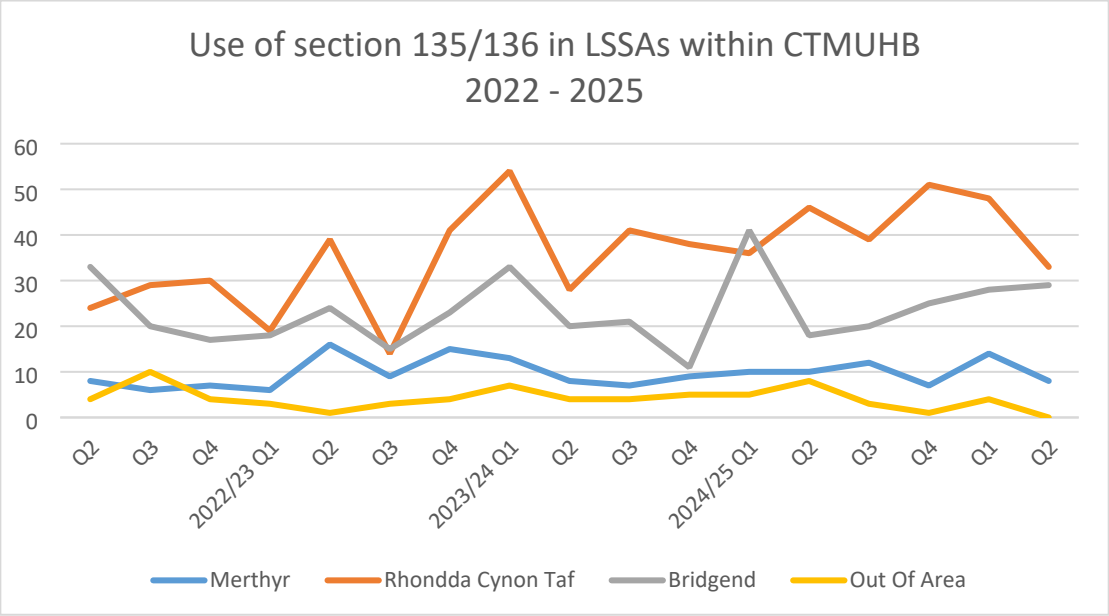
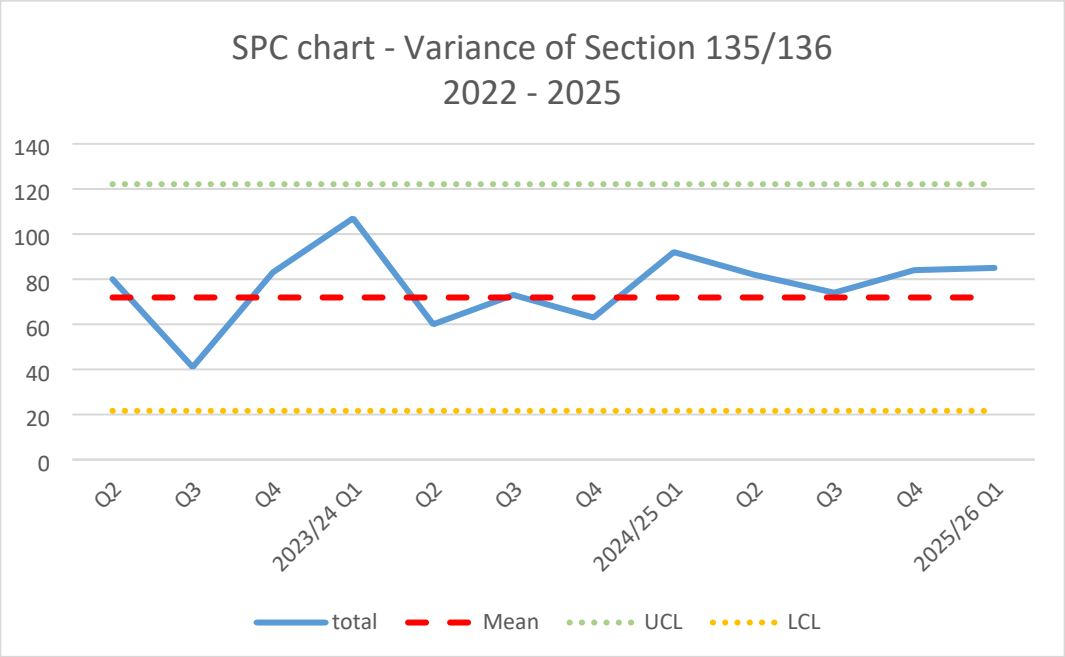


Chart 5



Despite slight variances from mean, Q2 figures are within a normal range and the SPC control limits for all areas. Further information on the outcomes of assessments can be found on P22 of Appendix 1.

Table 5

Use of Section 135 and 136 by area for Q2 2025/26, also with mean.

Area	Mean 2021/25	Q2 2025/26
Merthyr	10	8
Rhondda Cynon Taf	36	33
Bridgend	23	29
Out of area	4	0
Total	**73**	**70**

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.

2.6 Current Challenges

Problems with missing copies of statutory documentation in patient health records on paper-based wards remain as mentioned in previous reports.

The MHA team have been experiencing problems in adult services in RGH with recruitment of Approved Clinicians, who are not approved in Wales. This has placed additional pressure on fellow RCs to sign statutory documentation.

During August, problems with RC cover were encountered in both Pinewood House and Supported Recovery Unit. This also included both Outreach Recovery Teams in the North and South.

2.7 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

Section 15 of the Act allows for the rectification of statutory detention documentation completed by Doctors and AMHPs within 14 days of admission to hospital. While the minor errors are defined by "principal de minimus" (meaning they are immaterial and too small to be of any consequence), the fundamental errors (breaches) are more serious and require further attention and scrutiny to ensure that lessons are learned and the breach does not reoccur.

Graph 6 – SPC: Minor errors on detention documents within CTMUHB

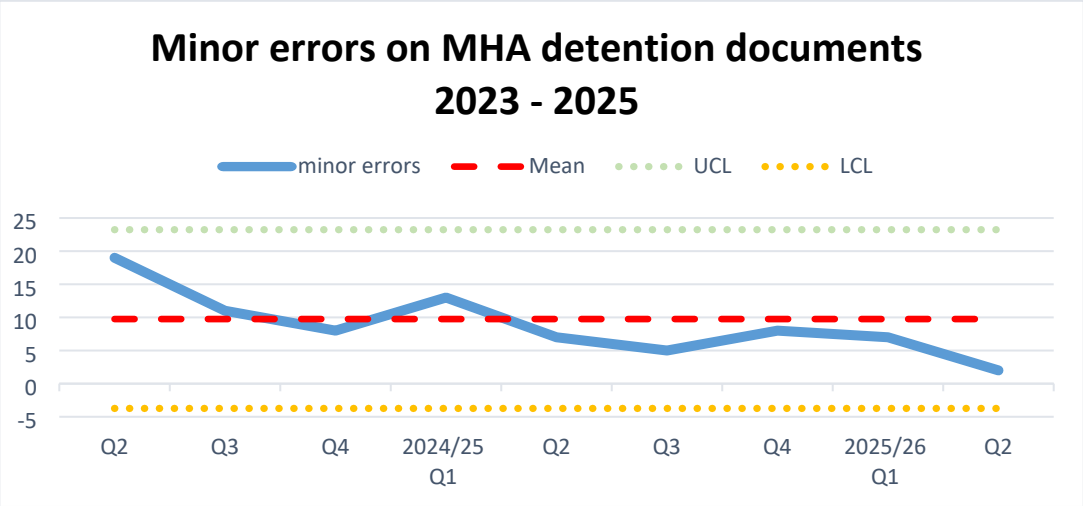


Table 6

The total number of minor errors across all services in Q2 was 2, compared to 7 found in Q1. Both of which were rectified within the 14 -day time limit.

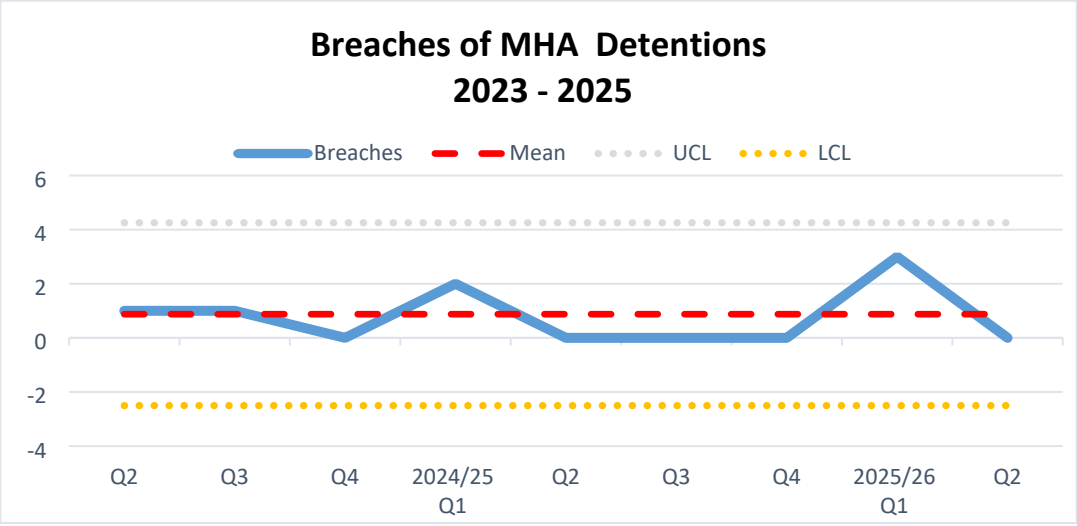
Rectifiable Errors		YCC	RGH	
Responsible for Error	**Forms**	**Ward 7**	**Admissions**	**Total**
AMHP	HO2		1	1
AMHP	HO6			0
Doctor	HO3			0
Doctor	HO4			0
Doctor	HO8	1		1
Doctor or Nurse	HO12			0
Nurse	HO14			0
Other UHB	TC1			0
	Total	**1**	**1**	**2**

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.

Graph 7 – SPC: Breaches of MHA detentions within CTMUHB

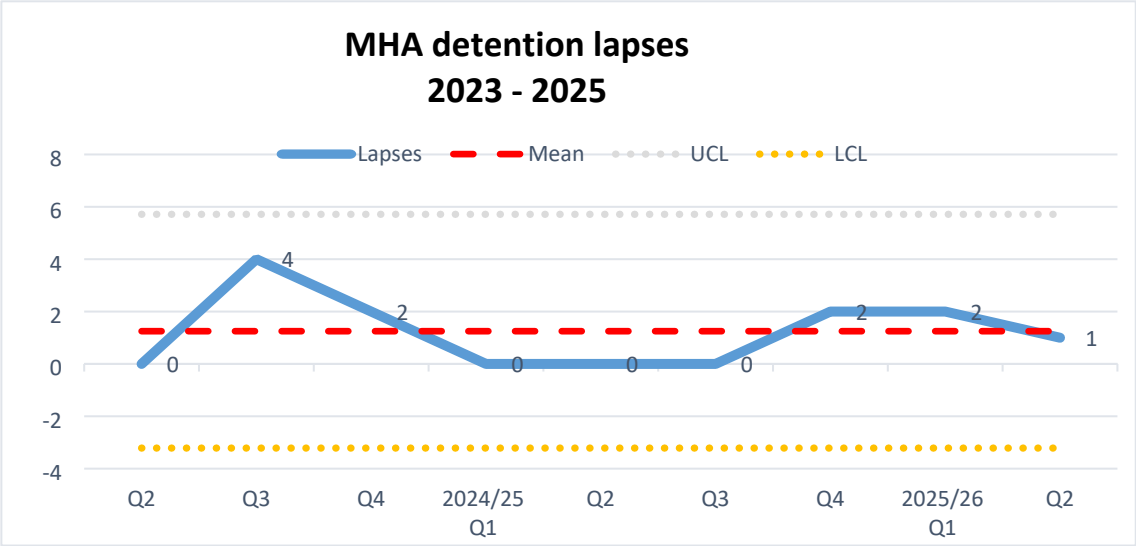


There were no detentions found to be fundamentally defective during Q2 2025/26.

2.8 Section Lapsing

Lapses in detention are not considered as breaches under the MHA. However, if the patient continues to be kept in circumstances which amount to a deprivation of liberty, this will be a breach of the person's rights under Article 5 of the European Court of Human Rights (ECHR). The Code of Practice regards lapses as a very serious matter, which must be urgently reviewed, reported to the Clinical Director and monitored to avoid re-occurrence.

Graph 8 - SPC: Lapses of MHA detentions within CTMUHB



There was 1 lapse of a CTO recall in Q2.

Further information on the lapsed CTO recall is provided on Page 19 of Appendix 1.

Miscellaneous Errors

While holding powers are not applicable to Section 15 of the Act, these were nonetheless invalid uses of the Act and thus reported here.

- **Invalid section 5(2)**

  - Doctor's holding powers under Section 5(2) was used for a patient in PICU in POW on Sunday 20th July 2025.

  - Upon scrutiny by the MHA office, it was discovered that the Form HO12 had been signed and dated by a staff nurse and not the Doctor.

- Patient had subsequently been detained under Section 3 of the MHA on 20/07/2025.

❖ **Invalid section 5(2)**

- Patient was placed on a Section 5(2) on Saturday 30/08/2025 on the Acute Medical Unit (AMU) in POW.
- When the MHA team were in receipt of the Form HO12 on Monday 01/09/2025, it was noticed that the Doctor had completed the English version of the Form HO12.
- This cannot be used in line with the Welsh Regulations as it does not include the start time of the 72- hour period.
- The patient had subsequently been placed on Section 2 on 31/08/2025.

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

2.9 **Managers Hearings/Mental Health Review Tribunals**

A detailed breakdown of these figures is given on page 22/23 of the appendix.

2.10 **Other activity**

There were no instances of deaths of detained patients during this quarter during Quarter 2.

Consent to Treatment

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

Table 7

Use of urgent treatment Forms	Apr	May	Jun	Jul	Aug	Sep
Section 62	4	3	3	2	5	2
Section 64	0	0	0	0	2	0
Total	**4**	**3**	**3**	**2**	**7**	**2**

Further information on Consent to Treatment, including a detailed breakdown of the use of S62 is displayed on page 24 of Appendix 1.

This has been considered by the Operational Group meeting on 23rd October 2025 and will continue to be monitored.

3 Key Risks / Matters for Escalation

There are a number of learning points which were considered by the Operational Group in relation to minimising any future fundamental breaches of the MHA. The MHA office have amended the receipt & scrutiny checklist.

To support the checklist, an additional document is in the process of being devised by the MHA team, which includes examples of what constitutes minor errors and fundamental breaches under Section 15 of the MHA.

4 Assessment

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

Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	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: ☐	No: ☒
	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 *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.	

5 Recommendation

5.3 The MHA Monitoring Committee is asked to:

- Discuss and note the report.

Appendix 1.

Graph 1

Quarter 2 MHA Adult Activity 2025/26

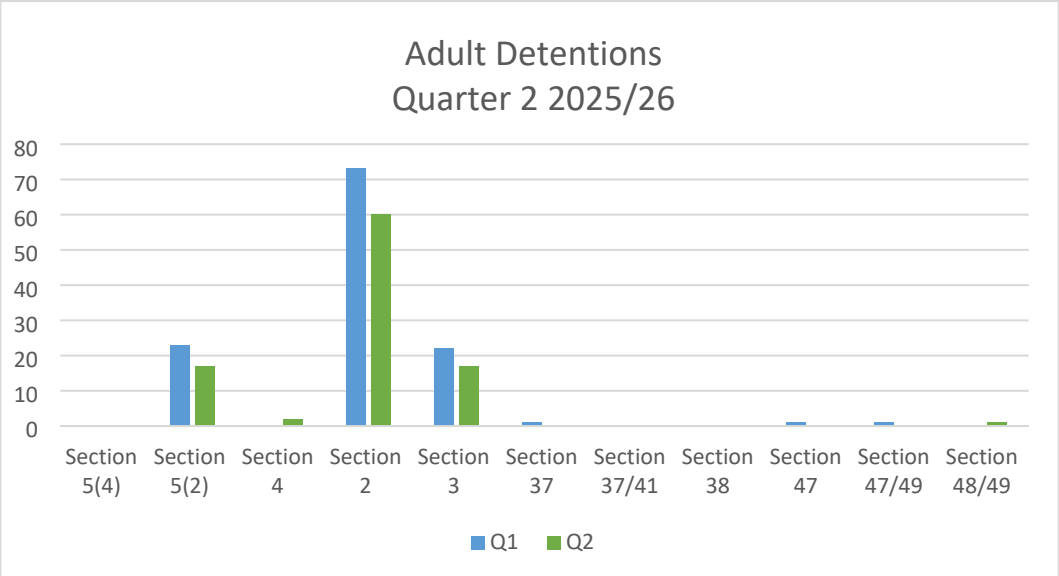


Table 1 **Quarter 2 MHA Adult Activity 2025/26**

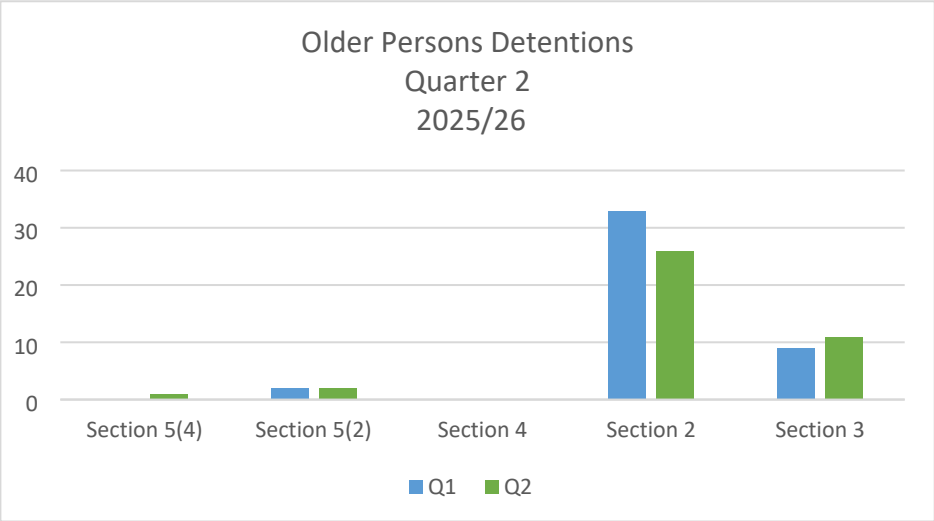
Section	Q1	% of total	Q2	% of total
Section 5(4)	0	0.00%	0	0.00%
Section 5(2)	23	19.01%	17	17.53%
Section 4	0	0.00%	2	2.06%
Section 2	73	60.33%	60	61.86%
Section 3	22	18.18%	17	17.53%
Section 37	1	0.83%	0	0.00%
Section 47	1	0.83%	0	0.00%
Section 47/49	1	0.83%	0	0.00%
Section 48/49	0	0.00%	1	1.03%
Total	**121**	**100%**	**97**	**100%**

There were 2 out of area detentions in Q2

Table 2 Number of Adult MHA detentions per locality

Area	Q1	Q2
Merthyr	17	19
Rhondda Cynon Taf	68	45
Bridgend	36	33
Out of area	10	2

Graph 2 Quarter 2 MHA Older Persons Activity 2025/26



***There were no out of area detentions in Q2**

Table 3 Quarter 2 MHA Older Persons Activity 2025/26

Section	Q1	% of total	Q2	% of total
Section 5(4)	0	0.00%	1	2.50%
Section 5(2)	2	4.55%	2	5.00%
Section 4	0	0.00%	0	0.00%
Section 2	33	75.00%	26	65.00%
Section 3	9	20.45%	11	27.50%
Total	**44**	**100%**	**40**	**100%**

Table 4 Number of Older Persons MHA detentions per locality

Area	Q1	Q2
Merthyr	7	7
Rhondda Cynon Taf	26	18
Bridgend	11	15
Out of area	0	0

Graph 3 Quarter 2 CAMHS Activity 2025/26

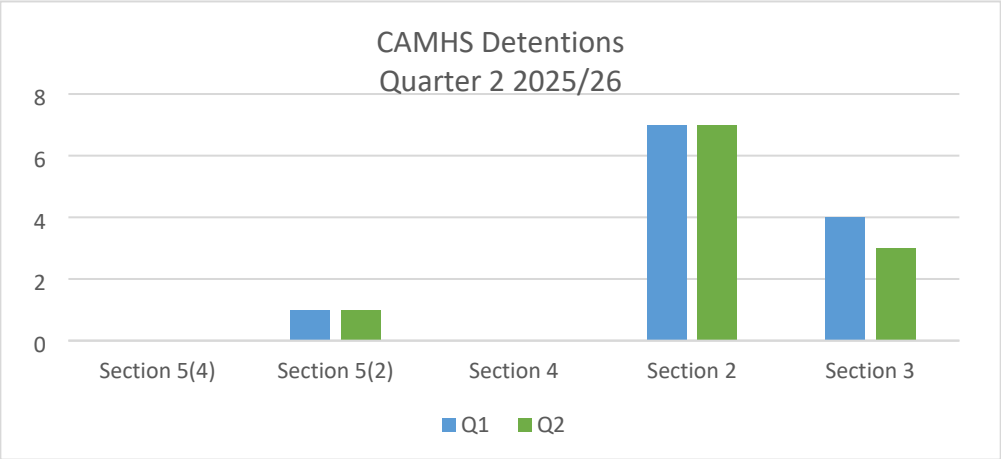


Table 5 Quarter 2 CAMHS Activity 2025/26

Section	Q1	% of total	Q2	% of total
Section 5(4)	0	0.00%	0	0.00%
Section 5(2)	1	8.33%	1	9.09%
Section 4	0	0.00%	0	0.00%
Section 2	7	58.33%	7	63.64%
Section 3	4	33.33%	3	27.27%
Total	**12**	**100%**	**11**	**100%**

Table 6 **Number of CAMHS MHA detentions per locality**

Health Board	Q1	Q2
Cwm Taf Morgannwg	3	2
Swansea Bay	3	0
Cardiff & Vale	3	4
Hywel Dda	2	0
Aneurin Bevan	1	0
Powys Teaching	0	5

USE OF SECTIONS AND OUTCOMES for Q2 2025/26

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	Apr	May	Jun	Jul	Aug	Sep
Section 2	3	2	3	3	5	0
Section 3	1	1	3	1	1	1
Informal	1	4	5	3	1	3
Discharged	0	0	0	0	0	0
Lapsed	0	0	1	0	0	0
Invalid	0	1	0	1	1	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	Apr	May	Jun	Jul	Aug	Sep
Section 3	2	9	4	9	6	6
Informal	27	17	23	13	21	22
Discharged	11	8	13	5	4	6
Lapsed	0	1	0	0	0	0
Invalid	0	0	0	0	0	0
Transfer	1	1	0	2	2	0

Section 3 of the Mental Health Act 1983

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

Table 9

S 3 OUTCOMES	Apr	May	Jun	Jul	Aug	Sep
Section 3 renewed	3	3	1	1	4	3
Informal	7	2	0	4	4	9
Discharged	5	3	3	5	5	2
Lapsed	0	0	0	0	0	0
Invalid	0	0	0	0	0	0
Transfer	1	0	3	4	3	0
CTO	0	2	0	1	2	1

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

Table 10

	Q1 2024/25	Q2 2025/26
Adult Detentions	106	81
Older Persons detentions	42	37
CAMHS detentions	11	10
TOTAL	**159**	**128**

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.

There was 1 lapse of a CTO recall in Q2.

- The patient was recalled from CTO on 15/08/25 at 15:10 and admitted to the Admissions ward in RGH. The recall was due to expire on 18/08/25 at 15:09.
- The MHA office informed the care team on 15/08/25 of requirement to review within the 72- hour period.
- On 16/08/2025, the reviewing RC, Section 12 doctor, AMHP and nursing staff completed an application for Section 3 instead of the revocation of CTO paperwork ((Form CP7).
- On 18/08/25, the MHA team noticed the error and informed the ward that the CTO recall was still in place until 15:09.
- As the patient's RC was on sick leave, the covering RC did not review the patient before the expiry of the recall, which lapsed.
- The patient was informed that they were of informal status on a CTO.
- The MHAA requested the RC to issue a fresh CTO recall notice (Form CP5) if the patient asked to leave and to contact an AMHP to assess the patient.

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 11

SECTION	Q1	Q2
Part 2 Patients to CTUHB	15	13
Part 3 patients to CTUHB	1	0
Part 2 patients from CTUHB	11	11
Part 3 patients from CTUHB	0	0
TOTAL	**27**	**24**

COMMUNITY TREATMENT ORDER, Section 17A (CTO)
Q2 CTO Activity 2025/26

Table 12

SECTION	Power	Q1	Q2
17A	Community Treatment Order made	5	7
	Community Treatment order extended	5	3
	Recalled to hospital and not revoked	3	4
	Recalled to hospital and revoked	2	2
	Discharged from CTO	1	6
	Transferred	0	0
	Other (Deceased)	0	0

Current CTO by area

Table 13

Area	Q1	Q2
Merthyr	2	2
Rhondda Cynon Taf	15	11
Bridgend	5	6
CAMHS	0	0
Out of area	0	0
Total	**22**	**19**

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 14

Section 135 of the Mental Health Act	Q1	Q2
Assessed and admitted informally	0	0
Assessed and discharged	0	0
Assessed and detained under Section 2	6	2
Assessed and detained under Section 4	0	0
Assessed and detained under Section 3	1	0
Recalled from Community Treatment Order	2	1
TOTAL	**9**	**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 15

Section 136 of the Mental Health Act	Q1	Q2
Assessed and admitted informally	6	5
Assessed and detained under Section 2	20	8
Assessed and detained under Section 4	0	0
Assessed and detained under Section 3	0	0
Discharged with no follow up required	18	17
Discharged referred to community services	41	37
Section 136 lapsed	0	0
Other /(Recall from CTO)/ or transfer	0	0
TOTAL	**85**	**67**

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 16

Hospital Managers Hearings	Q1	Q2
Number of Hearings held	16	10
Number of Referrals by Hospital Managers	13	13
Number of Appeals to Hospital Managers	2	0
Number of Detentions upheld by Hospital Managers	14	10
Number of detentions discharged by Hospital Managers	0	0
Number of patients discharged by RC prior to Hearing	1	3

Q2:

- 1 patient transferred prior to hearing
- 4 hearings postponed for following reasons:

❖ Patient was unable to attend and wanted representation
❖ Could not secure a panel
❖ RC out of the country
❖ Change of RC very close to hearing date

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 17

MHRT Hearings	Q1	Q2
Number of Hearings held	31	28
Number of Referrals by Hospital Managers	17	10
Number of referrals by Ministry of Justice	0	0
Number of referrals by Welsh Ministers	3	1
Number of Appeals to MHRT	54	42
Number of Detentions upheld by MHRT	24	15
Number of detentions discharged by MHRT	2	5
Number of Hearings adjourned/postponed	9	10
Number of Hearings cancelled by patient	7	8
Number of patients transferred to another Health Board prior to Hearing	1	5
Number of patients discharged by RC prior to Hearing	18	14

Consent to Treatment

Medication after three months

The MHA team send reminder emails to the Clinicians in charge of treatment of detained patients at least four weeks before the expiry of the three- month period. This includes if a patient becomes a CTO patient, and also if they have their CTO revoked, during the three -month period. A patient's move between detention and a CTO does not change the date on which the three-month period ends.

Before the three-month period ends, the approved clinician should personally seek the patient's consent to the administration of medication.

If the patient lacks capacity to consent to the proposed medication or refuses, the RC completes a SOAD request form, which is submitted to HIW to arrange.

If the SOAD has not issued the certificate to authorise the treatment prior to the deadline date of the 3 -month rule, the RC has no alternative than to complete a certificate of urgent treatment under either S62 or 64G.

Table 18

Breakdown in the use of Section 62 -Urgent Treatment in hospital settings

Hospital	Ward	Apr	May	Jun	Jul	Aug	Sep	6 -month total
POW	PICU	1		1			1	3
	14			1		3		4
RGH	St David's							0
	22							0
	21							0
	PICU	1						1
	Admissions	1				1		2
	Seren		2		1			3
YGT	SRU	1	1	1		1		4
YCC	Ward 7				1			1
Angelton	Ward 2						1	1

EXAMPLES OF GOOD PRACTICE

Progress is well underway with a single electronic record.

During July/August, the MHA team have joined virtual site meetings with Health Boards in England who currently administer the Act electronically. The demos provided reassurance that the systems correctly calculated the various reminders, which ensure that the statutory requirements of the MHA 1983 are met. Confirmation of which supplier has been awarded the Contract is expected before the end of the year.

Following the submission of a business proposal for training as recommended in the Chapter 35 of the Code of Practice for Wales, funding has been secured for a MHA training event by an external supplier. This has been arranged for 26/02/2026. The event will be held on MS teams and invitations extended to RCs and Associate Hospital Managers.

It is anticipated that funding for further training events will be available in the next financial year for health professionals and Associate Hospital Managers.

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 (*1 holding power form required*)
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. (*1 holding power form required*)
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. *(1 Medical Recommendation and AMHP assessment required)*
Section 2 Admission for assessment	Individual is detained in hospital for up to 28 days for assessment of mental health. **Criteria:** • 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 *(2 Medical recommendations (or 1 joint recommendation) and AMHP assessment required)*
Section 3 Admission for Treatment	Individual is detained in hospital for up to 6 months for treatment of mental disorder. **Criteria:** • Suffering from mental disorder of a nature or degree which makes it appropriate for patient to receive medical treatment in hospital • Moreover, it is necessary for the patient's own health, safety, protection of other persons that patient receive treatment in hospital. • In addition, such treatment cannot be provided unless the patient is detained under Section 3 of the Mental Health Act.

	(2 Medical recommendations (or 1 joint recommendation) and AMHP assessment required)
Section 7 Guardianship	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. **<u>Criteria:</u>** • 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 *(2 Medical recommendations (or one joint recommendation) and AMHP assessment required)*
Section 37 Guardianship by Court Order	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. **<u>Criteria:</u>** • 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 • *(Court Order required)*
Section 37/41 Admission to hospital by a Court Order with restrictions	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. *(Court Order with restrictions required)*
Section 135 Admission of patients removed by Police under a Court Warrant	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). *(Section 135 (1){**non-detained patient**} warrant required or Section 135 (2){ **sections and CTO patients**} required)*
Section 136 Admission of mentally disordered persons found in a public place	Individual brought to hospital by Police Officer if found in public place and appears to suffer from mental disorder. Assessment by Section 12 Approved Doctor and Approved Mental Health Professional. Section 136 last for 24 hours (but can be extended up to 36 hours). *(Police Service Section 136 monitoring form required)*

Section 17 A Community Treatment Order (CTO)	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: • 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. The Responsible Clinician may also set other conditions if relevant to individuals, carers and/or family. (*CP1 Form to be completed by Responsible Clinician and AMHP)*
Section 17 leave	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. *(Section 17 leave non-statutory form required)*
Section 117 aftercare	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.
MHAM Hearings (Mental Health Act Managers)	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.
MHRT Hearings (Mental Health Review Tribunal)	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. Mental Health Act Administrators also automatically refer patient subject to a CTO, which has been revoked by the Responsible Clinician, to MHRT.

Agenda Item
5.4

Mental Health Act Monitoring Committee

Risks related to the use of the Mental Health Act

Dyddiad y Cyfarfod / Date of Meeting	04/12/2025
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author *If you do not wish for your name to be included in the public domain, please only include your job title*	Lloyd Griffiths, Interim Nurse Director
Cyflwynydd yr Adroddiad / Report Presenter *If you do not wish for your name to be included in the public domain, please only include your job title*	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

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	
AC	Approved Clinician
CTMUHB	Cwm Taf Morgannwg University Health Board
LA	Local Authority
MHA	Mental Health Act
MHRT	Mental Health Review Tribunal
Q	Quarter
RC	Responsible Clinician
RCRP	Right Care Right Person
SWP	South Wales Police

1. Situation /Background

1.1 The purpose of this report is to present risks related to the monitoring of the Mental Health Act (MHA) evident in Q2 (July – September 2025) and for discussion and scrutiny related to actions and key milestones related to mitigating these risks.

2. Specific Matters for Consideration

2.1 It is noted that there has been an overall decrease in the use of the MHA in quarter, with the total detentions being just below the 2022-25 quarterly mean.

2.2 The decrease is driven by Adult detentions which have decreased by 25% from the previous quarter. The Operational Group will continue to monitor themes and trends.

2.3 The number of minor errors this quarter was 2, down from 7 in Q1 and well below the mean of 10.

2.4 It is pleasing to note that there were no fundamental breaches in quarter following 3 in Q1.

2.5 The revision of the MHA receipt & scrutiny checklist by the MHA office team to include specific examples of errors and breaches in an effort to minimise these in the future is a positive development.

3. RCRP update

3.1 No significant issues or incidents with Phases 3 + 4 have been raised within CTMUHB.

3.2 Therefore, the impact of RCRP has been de-escalated from the Corporate Risk Register to the MHLD Care Group Risk Register through the reduction of the Likelihood score from 4 to 3, giving a current score of 12.

3.3 It is reassuring that SWP did not escalate any S136 extended waits during Q2

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 At present, in the absence of timely transportation alternatives SWP are continuing to transport.

4. Risks / Matters for Escalation

4.1 Medical staffing remains challenging, especially in Adult MH services. Additional pressure has been placed on Adult RC's through the recruitment of AC's who are not approved in Wales, fast tracking the approval of these AC's has been escalated to the Executive Medical Director.

4.2 The Operational Group will continue to monitor the impact on the use of the MHA particularly around Lapsed Sections and postponed Review Tribunals

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 *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.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: ☐	No: ☒
	Outcome:	If no, please include rationale below:
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: ☐	No: ☒
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below:
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	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

5.5	4th December 2025	Mental Health Act Monitoring Committee Meeting	Strategic Update – Local Authority Update RCT

Report Details:	
FOI Status:	Open (Public)
If closed please indicate reason:	
Prepared By: *If you do not wish for your name to be included in the public domain, please only include your job title*	Kate Riley, Head of Service RCT
Presented By: *If you do not wish for your name to be included in the public domain, please only include your job title*	Kate Riley, Head of Service RCT
Approving Executive Sponsor:	
Report Purpose	For Noting
Engagement undertaken to date:	

Impact Assessment:	
Indicate the Quality / Safety / Patient Experience Implications:	
Related Health and Care Standard	
Equality and Welsh Language *Have you undertaken an Equality and Welsh Language Impact Assessment Screening?*	No Information only
Are there any Legal Implications /Impact.	Yes or No
Are there any resource (capital/Revenue/Workforce Implications / Impact?	Yes or No If Yes please include brief detail.
Link to Strategic Goals	Please Select: Sustaining Our Future Inspiring People Improving Care Creating Health

RCT Strategic Update

S.12 Approved App Pilot

- S.12 approved doctor App looking to go live in April/May 2026
- Going live in other LAs in January 2026
- Social Care Wales Funding for 12 months, after that it will be a discussion around funding.
- We will review jointly with health board colleagues

RCT Strategic Update

Thematic Audit of Older Persons Mental Health detentions Q3&4 2024/25

- Increase in detentions of older adults under the MHA prompted a dip sample audit
- Identify key themes such as whether there was absence of appropriate alternatives to admission (e.g. Nursing placements) and areas for improvement in practice

Key issues for committee

Rapid Deterioration & Crisis Response

- 41 % involved sudden health decline needing urgent intervention
- Escalation often unpredictable, requiring swift multi-disciplinary action
- Limited opportunity to consider alternatives to detention

Legal Frameworks & Cross-Boundary Issues

- Complex legal frameworks Depravation of Liberty Standards (DoLS), MHA Sections 2 & 3) and cross-boundary placements caused confusion and delays.
- Need for clearer guidance and proactive support for providers and teams.
- Example of excellent legislative knowledge and ethical consideration.

Learning Points & Recommendations

- Early risk identification and escalation
- Ensure Mental Capacity Act (MCA) assessments and best interest decisions are documented
- Improve follow-up on referrals and discharge planning
- Maintain comprehensive, person-centred case notes
- Develop protocols for cross-boundary cases and self-funding individuals
- Feedback to practitioners, team managers, and develop guidance for cross-border placements

Recommendation

- *Consider feedback on data regarding closure of Place of safety to committee for assurance*

Next Steps

Agenda Item
5.6

Mental Health Act Monitoring Committee

Hospital Managers Power of Discharge Sub Committee		
Dyddiad y Cyfarfod / Date of Meeting	04/12/2025	
Statws Cyhoeddi / Publication Status	Open/ Public	
	Not Applicable	
Awdur yr Adroddiad / Report Author	Alison Thomas - MHA Manager	
Cyflwynydd yr Adroddiad / Report Presenter	Mrs Helen Lentle - Chair of the Hospital Managers Power of Discharge Sub Committee and Independent Board Member.	
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gethin Hughes, Chief Operating Officer	
Pwrpas yr Adroddiad / Report Purpose	For Noting	
Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group /Forum Individuals	**Date**	**Outcome**
Associate Hospital Managers MHA Team	21/10/2025	Supported

Acronyms / Glossary of Terms	
MHA	Mental Health Act
AMHP	Approved Mental Health Practitioner
EDT	Emergency Duty 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
RC	Responsible Clinician
CTO	Community Treatment Order
MHRT	Mental Health Review Tribunal

DOLs	Deprivation of Liberty safeguards

1. Situation /Background

1.1 The purpose of this report is to provide an update to the Mental Health Act Monitoring Committee on the work of the Hospital Managers Power of Discharge Sub Committee, which met on 21/10/2025.The meeting was attended by 9 Associate Hospital Managers together with the Chair and Vice Chair of the Group. The Executive Director of Allied Health Professionals and Health Science, Staff from the Mental Health Act team and the Chair of the Mental Health Act Operational Group were in attendance. This was the third meeting of the Group, which had been held since the revised Governance arrangements had been agreed.

1.2 The Chair of the Group confirmed the appointment of the Health Board's Vice Chair into the position of the Vice Chair of the Power of Discharge Group Sub Committee

2. Specific Matters for Consideration

2.1 The Role of the Hospital Managers

As stated in Chapter 38.1 of the Code of Practice for Wales, "Section 23 of the Mental Health Act 1983 (the Act) gives Hospital Managers the power to discharge most detained patients and all patients subject to a Community Treatment Order." The role of an Associate Hospital Manager is a statutory position as defined in the Mental Health Act 1983. They provide a safeguard for those patients who are detained under the Act or subject to a Community Treatment Order, to ensure that patients, nearest relatives and carers are aware of their rights to request discharge by the hospital managers. Under the provisions of the MHA 1983, detained patients have a right to have their detention reviewed by the Hospital Managers. The Hospital Mangers responsibilities are as follows:

- May undertake a review of whether or not a patient should be discharged at any time at their discretion.
- Must review a patient's detention when Responsible Clinician (RC) submits a report under Section 20/20A renewing detention and extending CTOs.
- Should 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.

2.2 Hospital Managers activity Q1 (April- June 2025) and Q2 (July-Sept 2025).

The Group considered the Hospital Managers activity report for Q1(April- June 2025) and Q2 (July-Sept 2025) which is shown in the table below:

Table 1:

Hospital Managers Hearings	Q1	Q2
Number of Hearings held	16	10
Number of Referrals by Hospital Managers	13	13
Number of Appeals to Hospital Managers	2	0
Number of Detentions upheld by Hospital Managers	14	10
Number of detentions discharged by Hospital Managers	0	0
Number of patients discharged by RC prior to Hearing (Cancelled hearings)	1	3

During Q2, 4 Hospital Managers Hearings were postponed for the following reasons:

- 1 unable to secure a panel
- 1 patient changed their mind on the day, was unable to join the hearing on teams and wanted legal representation.
- 1 RC on annual leave
- 1 change of RC very close to the hearing date.

It was agreed that the MHA team would escalate any hearing postponements which were necessary because of issues connected to the RC to the Clinical Director for the area concerned.

On one occasion the RC for Pinewood House had left the Health Board. The covering RC had previous work commitments and was unable to facilitate the hearing date.

It was also noted that 1 hearing was postponed as the patient changed their mind on the day of the hearing and wished to attend the meeting. The MHA team sent the link to the patient but they were unable to join. They also decided on the morning of the hearing that they wanted legal representation.

As part of the hearing process the MHA team write to members of the patients multi -disciplinary team to confirm with the patient if they are requesting legal representation. On the above occasion, up until the day prior to the hearing the patient had informed the care coordinator and RC that they were not contesting the hearing and did not wish to attend. Under these circumstances the panel had

no alternative option than to postpone the hearing. This is to safeguard and respect the patient's wishes.

2.3 Terms of Reference and Operating Arrangements.

The Group discussed the revised Terms of Reference which included the appointment of an Independent Member of the MHAMC as the Vice Chair of the PODSC. Quorum arrangements reflected the attendance of a third of Associate Members (at least four) plus the Chair or Vice Chair. A revision to the current Hospital Managers Hearing decision proforma had been completed. This would provide clearer guidance for the Chair in connection with urgent matters arising at the hearings that required escalation.

2.4 Issues from Hospital Managers hearings.

One of the Hospital Managers discussed a hearing with another provider in which the patient was bedbound. The original request by the patient for the hearing to be conducted from their bedroom was declined. As a compromise the patient was able to attend the hearing from their bedroom using TEAMS.

The Group discussed the need for administrative support from the Mental Health Act team when a patient chooses to have a face-to-face hearing. The MHA office have devised a form which is emailed to the Chair the day before the hearing. This is to provide an update with the names of the attendees, confirmation of the patient's capacity if they are contesting and if they wish to have legal representation. The MHA Manager provided reassurance to the Group that contact numbers for the MHA office are displayed at all appropriate venues to support access if required.

One of the Hospital Managers discussed a hearing with another provider in which the hearing had been arranged on a face-to-face basis but the interpreter joined remotely. It was felt this had a negative effect on communication between the parties. Where possible it was agreed that if a patient with capacity had requested a face- to-face meeting all professionals and the interpreter should attend in person.

The Group agreed that it would be good practice to include an experienced Hospital Manager on the panel with any new Chair. One of the Hospital Managers described their experience of stepping into the Chairs role in a particularly difficult hearing. Having an experienced Hospital Manager on the panel in such circumstances would be helpful.

2.5 Hospital Managers Annual Appraisals

The Group acknowledged that the annual appraisals were in the process of being scheduled over the coming months. These would be undertaken by the Chair of the Power of discharge Sub Committee and the Chair of the MHA Operational Group.

2.6 Mental Health training programme.

At the start of the meeting William Watkins a Senior Clinical Practitioner within the Trauma Stress Pathway Service delivered an excellent training presentation on the subject of trauma focused care. The presentation had been requested by the Hospital Managers at a previous meeting to help improve their knowledge in relation to supporting patients who had previously experienced trauma. Copies of the presentation and the Trauma Informed Wales Framework are attached (Appendix 1 and 2)

The Trauma Informed Wales Framework aimed to develop a Societal Approach to Understanding, Preventing and Supporting the impact of Trauma and Adversity. The framework includes the following five Practice Principles:

- A universal approach that does no harm
- Person centred
- Relationship-focused
- Resilience and strengths-focused
- Inclusive.

There was a broad ranging discussion after the presentation including questions around the relationship between trauma, age and gender. The Group were informed about the Trauma Stress Service pathway role in providing education and training in this area. The group discussed how this training programme could be extended within the Health Board.

The Chair agreed that the introduction to Trauma Informed Practice aligns with the Mental Health Transformational Programme and highlighted the benefits of the training for the role of Associate Hospital Managers.

It was decided that further training events on dementia in Older Persons and transgender issues would be arranged at the beginning of the next two PODSC meetings. As part of the Mental Health & Learning Disability Care Group' s dedicated training programme, a Mental Health Act legal update training event has been arranged with an external trainer on 26th February 2026. The invitations have been extended to the Associate Hospital Managers and Responsible Clinicians.

2.7 Recruitment of Associate Hospital Managers.

The Group were informed that the recruitment campaign was successfully ongoing. There were six candidates currently progressing through the process, with another two applicants left to interview.

2.8 Fee Payment Level.

The decision to retain the current Hospital Managers fees of £50 for Chair and £45 for a panel Member was discussed by the Group. This decision had followed

a review of rates paid by other Health Boards across Wales. It was considered that the rate for chairing a meeting did not reflect the responsibilities involved. The Group also considered the proposal for the full hearing fee to be paid if a hearing was cancelled on the day of the hearing. The group requested that this be reconsidered with a suggestion that full payment for cancelled or postponed hearings should be made when this occurred up to 24 hours before the hearing.

3. 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))*	Data to Knowledge	
	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	Yes: ☐	No: ☒

Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Outcome:	If no, please include rationale below: To be included in work plan for the Operational Group.
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: ☐	No: ☒
	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 *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.	

4. Recommendation.

4.1 The Mental Health Act Monitoring Committee is asked to NOTE the work of the Hospital Managers Power of Discharge Sub Committee.

5. Appendices (attached as supporting documents within Admin Control)

5.6a Appendix 1 – Introduction to Trauma-Informed Practice.	Intro Trauma-informed pra
5.6b Appendix 2 – Trauma Informed Wales Framework.	Trauma-Informed-Wales-Framework.pdf

Agenda Item	6.1.1

Unapproved Minutes of the Mental Health Act Monitoring Committee

Date and Time of Meeting	20 August 2025 at 13:00pm
Venue	Virtual via Microsoft Teams at 13:00 pm

Members Present	Kath Palmer	Vice Chair/Chair of Committee
	Helen Lentle	Independent Member
	Hayley Proctor	Independent Member
In Attendance	Julie Denley	Deputy Chief Operating Officer (Primary Care & Community & Mental Health and Learning Disabilities) (in part)
	Robert Goodwin	Directorate Manager, CAHMS and Specialist Services.
	Clare Williams	Service Director Mental Health and Learning Disabilities Care Group
	Kate Riley	Local Authority Representative RCTCBC
	Alyson Jones	Local Authority Representative MTCBC
	Cally Hamblyn	Assistant Director of Governance & Risk
	Kathrine Davies	Corporate Governance Manager (Committee Secretariat)

Agenda Item	Meeting Business
1.	**PRELIMINARY MATTERS**
1.1	**Welcome and Introductions**
	K. Palmer, Committee Chair welcomed everyone to the meeting, particularly those joining for the first time, those observing, and colleagues joining for specific agenda items. The format of the proceedings in its virtual form was also noted.
1.2	**Apologies for Absence**
	Apologies were received from: • Gethin Hughes – Chief Operating Officer • Rachel Rowlands – Independent Member • Ana Llewellyn – Nurse Director, Mental Health & Learning Disabilities

1.3	**Declarations of Interest**
	There were no declarations raised.
2.	**CONSENT AGENDA BUSINESS**
	K. Palmer reminded Members that the agenda had been reformatted to include consent agenda items at the end of the agenda and queried whether there were any items from the Consent Agenda (Item 6) that the Committee Members wished to bring forward to the main agenda for discussion. There were none.
3.	**MAIN AGENDA**
3.1	**Action Log** J. Denley presented the action log and raised the following key matters: • Action 11 - Committee Self-assessment was scheduled for the meeting today so propose to close. • Action 12 - Deep Dive into Section 135 was scheduled for the meeting today so propose to close. • Action 13 - Forward Work Plan – Ongoing with the Care Group planning to review what should be included, focussing on meaningful items from the MHA Code of Practice. • Action 14 - Risks Relating to the Monitoring of the MHA – Ongoing with changes to Place of Safety arrangements which were scheduled for September 2025. • Action 15 – Quarterly Activity Report / Breaches – Ongoing deep dive into Adult Detentions scheduled for the December 2025 meeting.
Resolution	The Action Log was **NOTED** and items proposed for closure were **APPROVED**
Action:	No action identified.
3.2	**Matters Arising not contained within the Action Log**
Resolution	There were no matters raised.
4.	**RISK MANAGEMENT ACTIVITY**
4.1	**Organisational Risk Register**
	C. Hamblyn presented the Organisational Risk Register report, highlighting the key points for Member's attention and advised that all risks had been updated with the latest progress position by Care Group leads.,. It was noted that not all the risks related to the Mental Health Act , however at the request of the Committee all risks assigned to the Mental Health Care Group were presented for visibility. K. Palmer referred to the risk in relation to the ongoing fragility of medical cover in Adult Mental Health. She advised that the risk score was currently at 16 with ongoing recruitment efforts being undertaken for a Mental Health Director and with significant reliance on agency and bank staff and suggested whether this should be escalated to the Board. This point was supported by H Lentle and H Proctor. In response, J. Denley advised that the Board was aware of the risk and that whilst the risk was wider than the Mental Health Act, it did impact upon it. Mitigating actions were in place including a workforce re-assessment and prioritisation of key roles.

	C. Williams explained that the challenges were multi-faceted with recruitment issues in relation to Responsible Clinicians (RC). She advised that the team had developed a non-medical RC job description and new escalation processes established for the Mental Health team to prevent breaches occurring. It was also noted that there also broader recruitment efforts being made including overseas recruitment and workforce diversification. K. Riley queried whether the new escalation process could be shared with Local Authority Advanced Mental Health Practitioner Leads as they often encountered delays due to RC absences. C. Williams advised that she would check if the process was relevant and would share if appropriate. Following discussion, the Committee agreed that they would escalate the visibility of the risk to the Board in relation to clinical medical cover within the CTM Adult Mental Health Service which continued to be challenging and fragile. It was noted that assurance had been provided in relation to the escalation process and the mitigations around managing potential risks relating to discharging the responsibilities under the Mental Health Act.
Resolution	The Committee **REVIEWED** and **NOTED** the Organisational Risk Register.
Action:	To check whether the new escalation process would be relevant to share with Local Authority Partners.
Action:	To escalate the risk in relation to clinical medical cover within the CTM Adult Mental Health Services to the Board via the Committee Highlight Report
5.	**IMRPOVING CARE**
5.1	**Deep Dive Spotlight – Section 135 (1) and 135 (2)** R. Goodwin presented the Committee with a comprehensive report outlining the outcomes and lessons learned following the development and implementation of an internal audit tool to support compliance on Sections 135 (1) and 132 (2). The main learning points highlighted were: • The audit tool had been developed and applied to Section 135 warrants over a six month period (January – June 2025), with multi-agency involvement including Local Authority and South Wales Police. • Section 135 (1) allows police entry to private premises for mental health assessment; Section 135 (2) applies when a detained patient absents themselves from premises. • 16 Section 135 (1) warrants were issued and executed within the required period, mostly within one or two days. Transport was varied, with St. John's Ambulance providing most journeys, reducing reliance on the police. • Delays in execution had occurred mainly due to bed availability, transport, medical staff, or police availability. • 14 of 16 applications had resulted in detentions, with appropriate paperwork provided.

- For Section 135 (2), 5 applications were made, and all granted, with similar transport arrangements and two delays relating to bed and transport.
- Lessons learned from the deep dive included improved patient conveyance, updated commissioning for secure transport, and a revised Section 140 policy to clarify bed admission above normal numbers.
- The need to develop an agreed standard operating procedure to assists applicants in making an application to Court. This will build on the guidance notes prepared by Local Authority colleagues and be considered in the Mental Health Act Operational Group.
- The Operational Group will closely monitor patient conveyance, bed availability, and SOP development, aiming for a draft to be presented at the next meeting.
- The audit showed that arrangements were working well, with strong multi-agency collaboration and alternative transport use.

K. Riley and A. Jones thanked R. Goodwin and the Mental Health Team for their support in this work.

J. Denley advised that an All Wales Learning event hosted by the Care Group around Section 135 and 136 had taken place on the 5th August and suggested that it might be helpful to bring back insights from this event to the Committee.

J. Denley suggested that future deep dives should reference the MHA Code of Practice for assurance purposes. K. Riley provided assurance that the deep dive had been based on the Code of Practice and the audit questions had been aligned to it.

K. Riley added that the Section 135 (2) applications might increase due to the "Right Care Right Person" initiative and this would be carefully monitored via the Operational Group.

K. Riley advised that there were ongoing issues with RC staffing with Section 12 approved doctors often used for mental health assessments which can increase costs.

A. Jones, in response, added that in order to execute a warrant they sometimes have to use a junior doctor with the consultant undertaking the assessment and that this was being considered as part of a planned piece of work.

H. Prosser queried the timeline for the development of the SOP. R. Goodwin advised that an outline document from the Local Authorities already existed and would be adapted into the SOP. He noted that the SOP was on the agenda for the next Operational Group Meeting with the aim of having a draft document ready for the group to consider.

K. Palmer thanked everyone for their involvement in this work and praised the joint working between the Health Board and Local Authorities and that it was

	evident that the deep dive activity had been worthwhile in leading to service improvements and changes. K. Palmer advised that the updates on the actions at future Committee meetings would be provided via the Operational Group report.
Resolution	The Committee **NOTED** the report.
Action:	The actions / improvements identified following the deep dive audit to be captured in the Operational Group Report prepared for future meetings.
5.2	**MHA Operational Group Report**
	R. Goodwin provided an overview of the key matters covered by the Operational Group as follows: • Section 136 assessment waiting times have decreased, with the average now under three hours; delays are mainly due to bed availability. • The Section 140 policy was updated to address bed availability issues. • Adult Mental Health services had developed a handover and conveyance SOP, giving crisis teams a coordinating role. • Funding for healthcare support workers to assist police handover for Section 136 has been approved. • An NHS Wales performance and improvement meeting had recently been held, with feedback expected on Section 135/136 processes. • Quarterly governance forum for all medical staff is being established to support learning, professional development, and review of breaches and mortality. • Place of Safety upgrades at Prince Charles Hospital are scheduled, with temporary transfer of arrangements to Royal Glamorgan Hospital and improvements at Princess of Wales Hospital were also discussed. • Progress in reducing two-doctor assessments for Section 136, now consistently fewer than single-doctor assessments. • The Healthcare Inspectorate Wales (HIW) unannounced visit to Ward 7 Ty Llidiard had been very positive, with no actions required for the Mental Health Act team. • Section 17 leave audits had identified issues with patient access to leave forms, with electronic solutions being explored. H. Prosser drew attention to the section relating to fees for Section 12 approved doctors and the lack of a standard rate for call out fees, seeking assurance as to how local negotiation on rates compared with other Health Boards. In response, R. Goodwin advised that a benchmarking exercise had identified that fees for Section 12 approved doctors ranged from about £177 to £250 across Wales, and that CTM was not an outlier. R. Goodwin added that a broader review of Section 12 doctor arrangements was being undertaken which aimed to incentivise rota participation and that the fees would be considered in that context. K. Palmer asked for an update on national plans regarding transport and specifically in the context of "Right Care Right Person" and whether there were any new timelines or if local arrangements were still necessary. R. Goodwin

	advised that patient conveyance was being managed locally in the absence of any national guidance, and in the main via St. John's Ambulance.. R. Goodwin added that there was an expectation of further national direction, however, organisational changes within NHS Wales had led to delays in this area. In response, to this update K Palmer expressed concerns as to the lack of national guidance and a co-ordinated approach across NHS Wales and queried whether this should be escalated to Board. C. Williams provided assurance that the issue remained escalated to the Joint Commissioning Committee and the Strategic Programme for Mental Health for support. However, she advised that there had been no significant negative consequences since the implementation of "Right Care Right Person" which was largely due to positive local relationships with South Wales Police. She recognised the need for national guidance and confirmed that efforts to escalate concerns would continue. K. Palmer referred to possible implications for CTM regarding the reduced use of Deprivation of Liberty Standards (DoLS) which could potentially increase the use of the Mental Health Act (MHA) and questioned whether this would require additional resources of whether this was mainly a legal process change. R. Goodwin advised that the shift from DoLS to the MHA was primarily related to changing the legal framework for detaining patients on wards and not about increasing patient numbers. Furthermore, R. Goodwin advised that there were significant training gaps amongst clinical staff regarding DoLS as they were more familiar with the MHA and suggested that there was a need to improve awareness and training and that there should be a more collaborated approach between health and Local Authority Teams to address this. A Jones, in response, advised that this issue had been raised on numerous occasions within the Operational Group and was predominantly with older adults. A Jones confirmed that there were only cost implications when patients moved onto the Section 3 due to the requirement for free aftercare under Section 117. A Jones agreed with R. Goodwin that further training was required in terms of clarity around a DoLS and a Section 3 of the MHA. K. Palmer referred to section 1.18 on the forward plan in the context of service user, family, and carer feedback and noted that this topic had been discussed during the meeting. K. Palmer emphasised the importance of including feedback from service users within the business of the Committee.. J. Denley advised that the team are currently exploring whether they could obtain a patient story where someone has been under the MHA, and if possible this would be brought to the Committee. K. Palmer suggested that the HIW unannounced visit to Ward 7 Ty Llidiard be highlighted to the Board as positive escalation.
Resolution	The Operational Group Report was **NOTED**.
Action:	The HIW unannounced visit to Ward 7 Ty Llidiard be highlighted to the Board as positive escalation.

5.3	**MHA Quarterly Activity Report – Breaches / Analysis of Unlawful Detentions**
	R. Goodwin presented the quarterly activity report, noting a reduction in adult detentions and the use of doctors' and nursing holding powers for Quarter 1 April – June 2025. K. Palmer thanked R. Goodwin for the summary, which was comprehensive, transparent, and demonstrated a commitment to improvement. She also recognised the frustration in relation to incurring three breaches after nine months without any breaches. K. Palmer advised that it was reassuring that each breach was thoroughly investigated with causes identified and actions taken to mitigate risks. K. Palmer queried whether the team could track if breaches or lapses were caused by the same individual so that they could monitor trends and ensure that any solutions addressed root causes. R. Goodwin confirmed that this is something that can be explored to ensure the correct application of the checklist and to identify whether individuals require additional training needs.
Resolution	The Report was **DISCUSSED** and **NOTED**.
Action:	No action identified.
5.4	**Risks Relating to Monitoring of the MHA**
	J. Denley presented the report highlighting an overview of present risks related to the monitoring of the Mental Health Act. K. Palmer thanked J. Denley for her report and commended the team on the planning that had been undertaken in relation to "Right Care, Right Person" which had demonstrated a positive impact. K. Palmer referred to the risk in relation to staff vacancies and the number of hearings having to be postponed due to the lack of a Responsible Clinician and advised that the Committee's decision to escalate the risk around staffing being fragile to the Board was appropriate.
Resolution	The Committee **NOTED** the report.
Action:	No action identified.
5.5	**Mental Health Strategic Developments in Wales** C. Williams provided a presentation outlining the National Strategic Developments in relation to Mental Health across Wales highlighting key areas for the Committee: • Launch of the mental health strategy and suicide/self-harm strategy, which have brought more focus and strategic intent to ongoing work. • The main national work programme is still being finalised, with acute and crisis care and national patient safety as key priorities. • Stepped Care and No Wrong Front Door: There is a national push for stepped care solutions, aiming for seamless access to services such as

	digital, drop-in centre's, 111 Press 2, reducing referrals and repeated assessments. CTM is working with the national programme and considering pilot site participation. • National Patient Safety Programme: Improvements in inpatient safety, with expansion to older adult and dementia wards. National metrics are being developed, and patient experience feedback is being rolled out via questionnaires, including in older adult settings. • Mental Health Act Reform: C. Williams and R. Goodwin attended a briefing on UK-wide Mental Health Act reform. The main change is that learning disabilities and autism will no longer be categories for detention under the Act, unless accompanied by serious mental health concerns. Implementation will be incremental and dependent on developing community services. There may be differences in how Wales implements reforms compared to England, so ongoing attention is needed. Training for staff will be required once the final legislative position is clear. • Local Strategic Priorities: Six areas of focus for the Care Group this year include dementia day service redesign, community transformation, adult inpatient transformation, older adult redesign, rehab and recovery, and implementation of a single electronic record. The digital record is expected to take 18–24 months to implement after contract award. A Jones referred to the new contract to be awarded in Mental Health Services for a new Single Electronic Record system in the autumn and queried whether this would be interoperable with Local Authority Systems. C. Williams confirmed that it was a requirement in the procurement specification, however, as this activity was still within the procurement stages she was unable to add further detail at this time. K. Palmer thanked C. Williams for the comprehensive summary and suggested that it would be helpful in future strategic updates for the Committee to understand whether the transformational changes are as a result of UK or National directives or as a result of the CTM Transformation Programme and how these changes would impact the Mental Health Act which would be where the Committee would focus its attention in terms of monitoring and seeking assurances.
Resolution	The Committee **NOTED** the report.
Action:	No action identified.
5.6	**Strategic Update from Local Authority Partners**
	K. Riley and A Jones presented a combined presentation from the two local authorities of Rhondda Cynon Taff (RCT) and Merthyr Tydfil highlighting key themes: • A memorandum of understanding has been developed which allows for all of the Approved Mental Health Professionals (AMHPs), who would be involved in undertaking MHA assessments for individuals, to understand and outline what the expectations would be for those concerned in the absence of the 'Place of Safety' at Prince Charles Hospital i.e. that they would be redirected to the Royal Glamorgan Hospital. The Committee

	noted that this process was agreed by the Local Authority and the Head of Service for Adult Mental Health Services. Assurance was provided that a review is planned for three months to review the data and identify any themes or issues. • A National AMHP Community Manager via Social Care Wales had been appointed who coordinates information and provides a national Welsh voice for AMHPs, supporting legislative changes and policy guidance. • Work was underway on the development of a Section 12 Approved Doctor APP, with RCT aiming to be the pilot site. The Committee were advised that there was no substantive update from Bridgend Local Authority provided at this meeting, however, it was the intention to include the Bridgend Local Authority updates for future meetings.
Resolution	The Committee **NOTED** the updates.
Action:	No action identified.
5.7	**Highlight Report – Power of Discharge Sub Committee** H. Lentle presented the report that provided the Committee with an update on the work of the Hospital Managers Power of Discharge Sub Committee which met on the 23 July 2025 and highlighted the following key matters for the Committee: • New governance arrangements were now in place with the Committee becoming a formal Sub Committee of the Mental Health Act Monitoring Committee, which would provide improved escalation of any issues. • Concerns had been raised about Hearings being cancelled due to lack of Responsible Clinician availability, and the importance of this not affecting people's liberty and it had been noted that the Mental Health Act team escalates postponements to the Clinical Director. • There was ongoing recruitment of Associate Hospital Managers to address capacity issues. • Minor amendments to the Terms of Reference had been made due to the governance changes. • Annual appraisals of Hospital Managers would be undertaken, aiming for more visible reporting of the Sub Committee's work to this Committee. • Future training sessions for hospital managers was planned at the start of each meeting, with trauma as the next topic. K. Palmer thanked H. Lentle for her report and for Chairing the Sub Committee and advised that it had been a positive meeting with good engagement.
Resolution:	The Committee **NOTED** the report and the work of the Sub Committee.
Action:	No action identified.
5.8	**Fee Review Update for Hospital Managers – Verbal Update** J. Denley briefed the Committee on the Fee Review Proposal that will shortly be received by the Executive Management Board (EMB) regarding reimbursement for Hospital Managers. The Committee were assured that benchmarking had

	been undertaken with other organisations in Wales where appropriate to inform the review. She noted that the review has considered three fee elements relating to the panel hearing Chair, Members and a fee for cancelled or postponed hearings. H. Lentle in querying whether the Power of Discharge Sub Committee would be informed of the decision, noted that she should declare an interest as she was due to shortly be appointed as a Hospital Manager and Chairs the Power of Discharge Sub Committee. In response, J. Denley advised that the Committee and Sub Committee would be informed of the decision of the EMB as appropriate.
Resolution:	The Committee **NOTED** the verbal update.
Action:	No Action identified.
6.	**CONSENT AGENDA**
6.1	**FOR APPROVAL**
6.1.1.	**Unconfirmed Minutes of the Meeting held on 13th May 2025**
Resolution	The minutes were **approved** as a true record.
6.1.2	**Unconfirmed In Committee Minutes of the Meeting held on the 13th May 2025**
Resolution	The minutes were **approved** as a true record.
6.2	**ITEMS FOR NOTING**
6.2.1.	**Forward Work Plan**
Resolution	The Forward Work Plan was **NOTED**. K. Palmer advised that family, and carer feedback had been discussed as future items for the Forward Work Plan. K. Palmer highlighted the need to schedule in South Wales Police attendance at meetings where appropriate due to their fundamental role in MHA operations and the importance of continued engagement.
Action	To add updates family and carer feedback and updates from South Wales Police to the Forward Plan and Action Log.
6.2.2	**Committee Annual Cycle of Business** The Cycle of Business was **NOTED**.
7.	**OTHER MATTERS**
7.1	**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.
7.2	**Any Other Urgent Business**
	There was no urgent business to report on this occasion. A Jones advised that A. Beckham had moved from RCT to Merthyr Tydfil Local Authority and requested that future meeting invites be sent to her at Merthyr Tydfil County Borough Council.

Action:1	Invites for future meetings of the Committee to be sent to A. Beckham at Merthyr Tydfil CBC.
7.3	**How did we do today**
	The Chair invited Members to comment and reminded them that they could also relay feedback outside of the meeting. H. Proctor suggested that it would be helpful for the Committee to receive the papers in accordance within the 7 day timeframe in order to provide Members with sufficient time to review and consider the items ahead of the meeting.
8.	**DATE AND TIME OF NEXT MEETING**
8.1	4th December 2025 at 13:00 pm

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
August 2025	Mental Health Act Monitoring Committee	Committee	Fee Review Update Report for Hospital Managers	Verbal update provided at August 2025 meeting with a report to be provided to the December 2025 meeting for the Committee to Note.	Deputy Chief Operating Officer (Primary Care & Community & Mental Health and Learning Disabilities)	Deputy Chief Operating Officer (Primary Care & Community & Mental Health and Learning Disabilities)	December 2025	On Consent Agenda for December 2025
August 2025	Mental Health Act Monitoring Committee	Committee	Deep Dive into adult detentions (including a review of the UK benchmarking information, a look at section 136 cases who are also care coordinated, section 5(2) and variation in detention rates between RGH and POWH)	Chair, MHA Operational Group requested via the Chair that this item be included as an update within the MHA Operational Group Report	Chair, MHA Operational Group	Deputy Chief Operating Officer (Primary Care & Community & Mental Health and Learning Disabilities)	Deferred from December 2025 with a brief update contained within the Operational Group Report for December meeting.	Proposed for February 2026
August 2025	Mental Health Act Monitoring Committee	Committee	Family and Carer Feedback	Chair requested that this item be added to the Forward Work Plan for a future meeting	Corporate Governance Team	Deputy Chief Operating Officer (Primary Care & Community & Mental Health and Learning Disabilities)	February 2026	Proposed for February 2026

COMPLETED ITEMS:

May 2025	Mental Health Act Monitoring Committee	Committee	5.6. Strategic Developments in Wales	Defer to August Committee Meeting	*Nurse Director Mental Health and Learning Disabilities*	Gethin Hughes, Chief Operating Officer	August 2025	**Completed** This item was received at the August 2025 meeting.
June 2024	Mental Health Act Monitoring Committee	Committee	Deep Dive - Section 135 – Use and Code of Practice	Deferred from February Meeting	Chair MHA Operational Group	Gethin Hughes, Chief Operating Officer	August 2025	**Completed** This item was received at the August 2025 meeting.

			Compliance in CTM					
February 2025	Mental Health Team	Operational Group	Allocation of Responsible Clinician Procedure	Approved by Operational Group and awaiting endorsement by Executive Management Board	Chair, MHA Operational Group	Gethin Hughes, Chief Operating Officer	May 2025 – Deferred to August 2025	**Completed** This was approved at the February 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
February 2025	Mental Health Act Monitoring Committee	Committee	Deep Dive – Mental Health Detentions within RCT	To undertake a deep dive into adult mental health detentions within the RCT area and present to the next meeting of the Committee for discussion.	Chair MHA Operational Group	Gethin Hughes, Chief Operating Officer	May 2025	This item is on the agenda for the May 2025 meeting

Agenda Item
6.2.3

Mental Health Act Monitoring Committee

Committee Annual Cycle of Business 2025

Dyddiad y Cyfarfod / Date of Meeting	04/12/2025
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Kathrine Davies, Corporate Governance Manager
Cyflwynydd yr Adroddiad / Report Presenter	Cally Hamblyn, Assistant Director of Governance & Risk
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance / Board Secretary

Pwrpas yr Adroddiad / Report Purpose	For Noting

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 (llyw.cymru)) /* **Link to Enablers of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Learning, Improvement & Research
	If more than one applies please list below:
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Domains of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	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: ☐	No: ☒
	Outcome:	If no, please include rationale below: Not required
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: ☐	No: ☒
	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 *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

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

6. Next Steps

6.1 There are no next steps required.

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

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

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

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

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

Committee Chair:	**Committee Vice Chair**	**Executive Leads for Agenda Planning**
• Kath Palmer, Vice Chair of the Health Board	• Geraint Hopkins, IM Local Authority	• Gethin Hughes, Chief Operating Officer (supported by the Deputy COO for PCC and MHLD)

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		⚑			⚑			⚑			⚑		⚑ If all actions are complete	⚑ If there are actions in progress / overdue actions
2. Minutes of the previous meeting (Public and Closed Session)	Director of Corporate Governance / Board Secretary	All Regular Meetings		⚑			⚑			⚑			⚑		⚑	X
3. Non-Routine Committee Business (Forward Plan)	Director of Corporate Governance / Board Secretary	All Regular Meetings		⚑			⚑			⚑			⚑		⚑	X
4. Annual Cycle of Business	Director of Corporate Governance / Board Secretary	All Regular Meetings		⚑ Annual Review			⚑			⚑			⚑		⚑ Except for the annual review in November	⚑ Annual Review only
5. Committee Annual Report	Director of Corporate Governance / Board Secretary	Annually					⚑								X	⚑
6. Outcome of Annual Committee Self-Assessment	Director of Corporate Governance / Board Secretary	Annually					⚑								X	⚑

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													X	
Risk Management Activity																
8. Organisational Risk Register	Director of Corporate Governance / Board Secretary	All Regular Meetings													X	
Governance & Assurance																
9. Shared Listening and Learning Story	Julie Denley, Deputy Chief Operating Officer (Mental Health, Primary Care and Community)	Twice Per Annum											Not being shared at this meeting		X	
10. Report from the Mental Health Act Operational Group	Julie Denley, Deputy Chief Operating Officer (Mental Health, Primary Care and Community)	All Regular Meetings													X	
11. Deep Dive Spotlight	Julie Denley, Deputy Chief Operating Officer (Mental Health, Primary Care and Community)	All Regular Meetings (as required													X	
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													X	
13. Strategic Update from South Wales Police (Based on the identification of the key challenges / strategic areas in relation to Mental Health.	South Wales Police	As and when required													X	

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													X	
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)													X	
16. Mental Health Strategic Developments in Wales	Julie Denley, Deputy Chief Operating Officer (Mental Health, Primary Care and Community) / Clinical Service Group Manager MH Care Group	Six Monthly					Defer to Aug 25								X	