

Mental Health Act Monitoring Committee Meeting

Wed 20 August 2025, 13:00 - 15:00



Agenda

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

5 min

1.1. Welcome & Introductions

Kath Palmer, Committee Chair

1.2. Apologies for Absence

Kath Palmer, Committee Chair

1.3. Declarations of interest

Kath Palmer, Committee Chair

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

0 min

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

13:05 - 13:10 **3. MAIN AGENDA**

5 min

3.1. Action Log

Discussion Kath Palmer, Committee Chair

 3.1. Action Log MHAMC (August).pdf (3 pages)

3.2. Matters Arising not contained within the Action Log

Kath Palmer, Committee Chair


13:10 - 13:15 **4. RISK MANAGEMENT ACTIVITY**

5 min

4.1. Organisational Risk Register

Discussion Cally Hamblyn, Assistant Director of Governance & Risk

Cycle of business

 4.1a. Org RR July 2025 - MHAMC CP.pdf (5 pages)

 4.1b. App 1. Org RR July 2025 - MHAMC.pdf (1 pages)

13:15 - 14:35 **5. GOVERNANCE ASSURANCE**

80 min

5.1. Deep Dive Spotlight - Section 135 (1) and 135 (2)


Discussion Robert Goodwin, Directorate Manager, CAMHs and Specialist Services

 5.1 Section 135 (1) and 135 (2) Deep Dive MHAMC 20 Aug 25.pdf (13 pages)

 5.1a Appendix 1 135 Audit Tool.pdf (2 pages)


5.2. MHA Operational Group Update Report

Robert Goodwin, Directorate Manager, CAMHs and Specialist Services

 5.2 MHA operational group report Q1 April-June 2025. MHAMC 20 August 2025.pdf (14 pages)


5.3. MHA Quarterly Activity Report / Analysis of Unlawful Detentions

Robert Goodwin, Directorate Manager, CAMHs and Specialist Services

 5.3 MHA activity report Q1 25-26 (5) (1).pdf (33 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 Q1 2025 (1).pdf (4 pages)

5.5. Mental Health Strategic Developments in Wales

Discussion *Clare Williams, Service Director, MH & Learning Disabilities*

 5.5 MHA Strategic Development in Wales MHAMC 20 August 2025.pdf (7 pages)

5.6. Strategic Update - Local Authority Partners

Discussion *Local Authority Partners*

 5.6 Strategic Update from LA Partners MHAMC 20 August 2025.pdf (4 pages)

5.7. Highlight Report - Power of Discharge Sub Committee

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

 5.7 POD report Q1 MHAMC 20 Aug 2025.pdf (8 pages)

5.8. Fee Review Update Report for Hospital Managers - Verbal Update

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

14:35 - 14:45 6. CONSENT AGENDA

10 min

6.1. ITEMS FOR APPROVAL

6.1.1. Unconfirmed Minutes of the Meeting held on 13th May 2025

Approval *Kath Palmer, Chair of Committee*

 6.1.1.Unconfirmed Minutes of the Meeting Held on 13th May 2025 (August Committee) v3.pdf (6 pages)

6.1.2. Unconfirmed Minutes of the In-Committee Meeting held on 13th May 2025

Approval *Kath Palmer, Chair of Committee*

 6.1.2. Unconfirmed In-Committee Minutes (MHAMC 13th May 2025).pdf (2 pages)

6.2. ITEMS FOR NOTING

6.2.1. Forward Work Programme

Noting *Kath Palmer, Chair of Committee*

 6.2.1. Forward Work Plan MHAMC August 2025.pdf (1 pages)

6.2.2. Committee Annual Cycle of business

Noting Kath Palmer, Chair of Committee

 6.2.2a Annual Cycle of Business Cover Report MHAMC 20 August 2025.pdf (3 pages)

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

14:45 - 14:50 7. CLOSE OUT BUSINESS

5 min

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?

14:50 - 14:50 8. CLOSE OUT BUSINESS

0 min

Information Kath Palmer, Chair of Committee

Date & Time of Next Committee 4th December 2025



Mental Health Act Monitoring Committee - Action Log (as at 11.02.25)

the action originated from	reference	Reference Page Number	Item Title / Summary	Nature of Action	Lead Officer	Lead Executive	Timescale for action to be completed	Status of Action	Narrative Progress Update
MHAMC 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 the December 2025 face-to-face meeting.
MHAMC May 2025	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	Open	Proposed for Closure - On agenda - This item is on the agenda for the August 2025 meeting.
MHAMC May 2025	6.2.1	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	5.3.1	4	Risks Related to the Monitoring of the MHA - Update on timescales of hospital place of safety	Operational Group to conduct a comprehensive review of the current room usage within hospital sites	Chair, MHA Operational Group	Deputy COO/Director of Primary Community, Mental Health & LD	aug-25	Open	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	5.2.1.	5	MHA Quarterly Activity Report – Breaches / Analysis of Unlawful Detentions	To undertake a deep dive into adult mental health detentions within the RCT area and present to the next meeting of the Committee for discussion.	Chair, MHA Operational Group	Deputy COO/Director of Primary Community, Mental Health & LD	01/05/2025 Now December 2025	Open	In progress - The operational Group is scheduled to complete a deep dive into Adult Depentions 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.
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CLOSED ACTIONS: Mental Health Act Monitoring Committee 2025

Name of Meeting: Mental Health Act Monitoring Committee

Committee Chair: Kath Palmer

Date of meeting the action originated from	Minute Item reference	Minute Reference Page Number	Item Title / Summary	Nature of Action	Lead Officer	Lead Executive	Timescale for action to be completed	Status of Action	Narrative Progress Update
MHAMC 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	20 August 2025
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Cally Hamblyn, Assistant Director of Governance & Risk
Cyflwynydd yr Adroddiad / Report Presenter	Emma Walters, Head of Corporate Governance & Board Business
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance / Board Secretary

Pwrpas yr Adroddiad / Report Purpose	For Review
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Service, Function and Executive Formal Review	June / July 2025	RISKS REVIEWED
Executive Leadership Group	14 July 2025	REVIEWED & MANAGEMENT SIGN OFF RECEIVED
Quality, Safety & Experience Committee	22 July 2025	ASSIGNED RISKS REVIEWED
Operational Delivery Committee	29 July 2025	ASSIGNED RISKS REVIEWED
Audit, Risk & Assurance Committee	14 August 2025	RISKS REVIEWED

Acronyms / Glossary of Terms	



1. Situation /Background

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

2. Specific Matters for Consideration

Risk Review

- 2.1 Care Groups and Central leads are continuing to review and update their assigned risks considering feedback received from Members in relation to scoring, actions with associated timeframes and ensuring timely reviews.
- 2.2 The Operational Management Board / Chief Operating Officer approves escalation of Care Group risks to the Organisational Risk Register.
- 2.3 The Executive Lead approves escalation of central/core function risks to the Organisational Risk Register.
- 2.4 Risks on the organisational risk register have been updated as indicated in red in Appendix 1.
- 2.5 Please note that the risk updates are captured at the time the Organisational Risk Register being finalised for submission, which on this occasion was the 4 July 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 **792** members of staff trained to date since training commenced in 2021. Based on the Risk Management Awareness Training Needs Analysis all attendees completed Training Profile 2.
- 2.9 Focussed sessions to discuss risk have also been undertaken with Care Group Leads and other departments/directorates as required.
- 2.10 109 attendees have provided formal feedback (using the URL Code for the Evaluation Form, which was introduced in November 2023). The average rating for the course is 4.80 out of a maximum score of 5.
- 2.11 100% of the 109 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 109 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:
- *"I feel confident in doing a risk management review but still need some more guidance in doing it. Familiarity with the Datix system for risk will improve much of our knowledge on how to do a report"*.
 - *"I found it very useful to see the practical demonstration of the Datix system. The presenter was very knowledgeable and explained things really well have a much better understanding of the difference between the BAF and Organisational Risk Register. Finally makes sense!"*

3. Key Risks / Matters for Escalation

3.1 NEW RISKS

Nil as assigned to this Committee.

3.2 CHANGES TO RISKS

Risk Score Increased

Nil as assigned to this Committee.

Risk Score Decreased

Nil as assigned to this Committee.

3.3 CLOSED RISKS REMOVED FROM THE ORGANISATIONAL RISK REGISTER

Nil as assigned to this Committee.



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

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

3.5 EMERGING RISKS

Nil as assigned to this Committee.

4. Assessment

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



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

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

5. Recommendation

5.1 The Committee are asked to:

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

6. Next Steps

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

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
Date ID	Strategic Risk owner	Care Group / Service Function	Identified Risk Owner/Manager	Strategic Goal	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Heat Map Link (Consequence X Likelihood)	Rating (Target)	Trend	Opened	Last Reviewed	Next Review Date
4973	Chief Operating Officer	Mental Health Care Group	Care Group Service Director	Improving Care	Patient / Staff /Public Safety	Clinical Medical Cover within CTM Adult Mental Health Services	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 focus 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. Nursing cover risks 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 July 2025 - The control measures in place are themselves fragile and the implications of them being ineffective are major. The control measures are having to be reviewed on a daily basis to ensure their remain effective. No change to risk at present.	Quality, Safety & Experience Committee Operational Delivery Committee	14	C4xL4	12 (C4xL3)	↔	06.01.2022	25.06.2025	31.07.2025
5646	Chief Operating Officer	Mental Health Care Group	Care Group Service Director	Improving Care	Patient / Staff /Public Safety	The impact of "Right Care Right Person" (RCRP) approach.	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 July 2025 - MHLI Care Group update 17.6.2025 - Risk reviewed, no change at present however in the Right Care Right Person meeting on 13/06/25 it was agreed to reduce the likelihood from Highly likely to Likely which would reduce the over score from 16 to 12 and lead to a de-escalation from the Organisational Risk Register, however this decision needs to be ratified through the Care Group's internal Operational Management Board prior to taking effect.	Quality, Safety & Experience Committee Mental Health Act Monitoring Committee	16	C4xL4	12 (C3xL4)	↔	08.12.2023	17.06.2025	31.07.2025
3337	Chief Operating Officer Linked to RTE Risk 4813 and MHC 4817. Also linked to 4804.	Central Support Function: Digital & Data Mental Health Care Group	Lead Infrastructure Architect Interim Partnerships and Strategic Planning Lead for Mental Health and Learning Disability Services	Creating Health	Patient / Staff /Public Safety	Lack of a Single Electronic Patient Record in Mental Health Services	IF: Mental Health Services do not have a single integrated clinical information system that captures all patients details. Then: Clinical staff may make a decision based on limited patient information available that could cause harm. Resulting in: Compromised safety of patients, potential avoidable harm and compromised safety for staff in the workplace.	Control measures updated September 2023. 1. A PID has been developed which outlines the processes, resources and timelines sought - this to be discussed in September Programme Board. 2. The Business Case to be refreshed on the back of the PID once approved. It will need to identify additional staff resource required to progress the disaggregation process to bring all CTM/HSB staff who currently use WCCIS via local authority over to CTM/HSB WCCIS platform. Requires Programme Board approval. 3. Business case to be progressed following Board approval. 4. A new MHLI Care Group risk will be developed relating to the operational mitigations required in the interim to support safe communication and this will be held by the High Quality Clinical Record group, part of the Inpatient Improvement Programme	Update July 2025 - The Care Group are currently in the third week of the procurement process which has allowed suppliers to bid. This is scheduled to finish on 30 July when the Care Group should be in a position to know how many suppliers are in the procurement activity.	Quality, Safety & Experience Committee Operational Delivery Committee	15	C5xL3	6	↔	07.11.2018	25.06.2025	31.07.2025
4691	Chief Operating Officer Linked to RTE Risk 4803, 4790, 3273 and 3019.	Mental Health Care Group	Interim Partnerships and Strategic Planning Lead for Mental Health and Learning Disability Services	Sustaining Our Future	Operational: • Core Business • Business Objectives • Environmental / Estates Impact • Projects Including systems and processes, Service/business interruption	New Mental Health Unit	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 recommending a capital business case for a new Mental Health Unit. Annual revisiting of all patient figure risks and completion of Statement of Needs via regular process for any figure 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 July 2025 - MHLI Care Group Director update 30.06.2025 - feasibility review on Mental Health inpatient space that will support the mitigation for this risk. Care Group Director engaging with the Capital Team on progressing now that the capital teams capacity has become available since the initial Princess of Wales Hospital critical incident. No change to risk score at this stage.	Quality, Safety & Experience Committee Operational Delivery Committee	15	15 (C3xL5)	6 (C3xL2)	↔	15.06.2021	30.06.2025	31.08.2025



Agenda Item

5.1

Mental Health Act Monitoring Committee

Section 135 (1) and 135 (2) Deep Dive

Dyddiad y Cyfarfod / Date of Meeting	20/08/2025
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Robert Goodwin, Directorate Manager
Cyflwynydd yr Adroddiad / Report Presenter	Robert Goodwin, Directorate Manager
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Julie Denley, Director of Primary, Community and Mental Health
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

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

The Mental Health Act Monitoring Committee requested that the Operational Group complete a Deep Dive into Section 135 to determine if the section was being delivered in accordance with the code of practice. A group was established involving the chair of the Operational Group, members of the Mental Health Act team, Care Group informatics and Local Authority AMHPs. A number of meetings were held to develop the audit tool (appendix 1) and complete a compliance audit for the periods Q4 24/25 and Q1 25/26. The outcomes are presented below together with some learning points.

2. Specific Matters for Consideration

This section describes how Section 135 operates and the key Code of Practice guidance which has been used to measure compliance with the Mental Health Act.

What is a Section 135 of the Mental Health Act?

The Section 135 (1) warrant provides Police Officers with a power of entry to private premises in order to remove a person to a place of safety for a mental health assessment or for other arrangements to be made for their treatment or care (Code of Practice Section 16.2).

When considering an application for a warrant under Section 135 the Magistrate will need to be assured that attempts to access the property without a warrant have been made (Code of Practice Section 16.6).

What is the process for a Section 135 (1) of the Mental Health Act?

The process is for the Approved Mental Health Professional to present evidence at a Magistrates Court in order to obtain a warrant which will authorise the police, an approved mental health professional and a registered medical practitioner to gain entry to the premises in order for assessment to take place there or for the person to be removed to a place of safety (Code of Practice Section 16.3).

Guidance should be available to local practitioners on how and when to apply for a warrant both during and outside Court hours (Code of Practice Section 16.4).

What happens when a warrant is granted?

Once granted the Approved Mental Health Professional with the Police and a registered doctor can enter the property and formulate their assessment or remove to the place of safety if required (Code of Practice Section 16.9).

Appropriate transport arrangements should be pre-planned with Police transport only being used when other arrangements have been exhausted or are not appropriate (Code of Practice Section 16.11).

What rights does a person on a Section 135 (1) have?

Once the warrant is executed (it can only be executed once) a copy of the warrant will be provided to the patient, a copy will also go to the police and to the receiving ward/place of safety (Code of Practice Section 16.7).

If the warrant is not used it must be returned to the court. The Police may remove a patient to a place of safety where they can be detained for up to 72 hours from the time of their arrival (Code of Practice Section 16.10).

If the assessment progresses to a detention under the Mental Health Act then these rights will be invoked at that stage.

Section 135 (2)

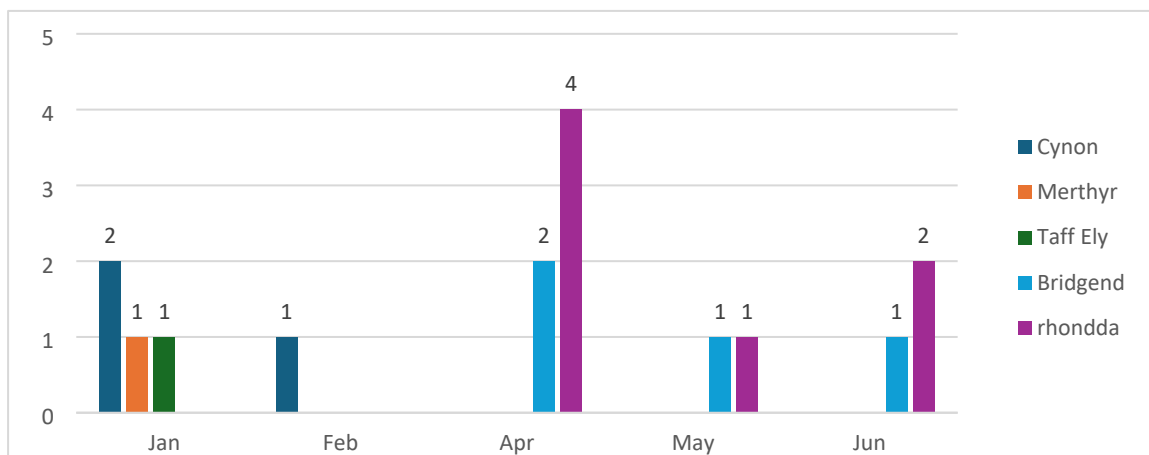
The court can also issue another warrant (135 (2)) for patients already detained who have absented themselves from hospital and are in a private dwelling. This warrant is applied for by the police or an authorised person and will authorise them to gain access to the property and return the patient to the hospital where they are detained (Code of Practice Section 16.16)

3. Assessment:

Local AMHPs and nursing colleagues applied the audit tool to the 16 Section 135(1) and 5 Section 135(2) applications which had been progressed in the period January 2025 to June 2025. The results are shown in the graphs below.

3.1 135 (1)

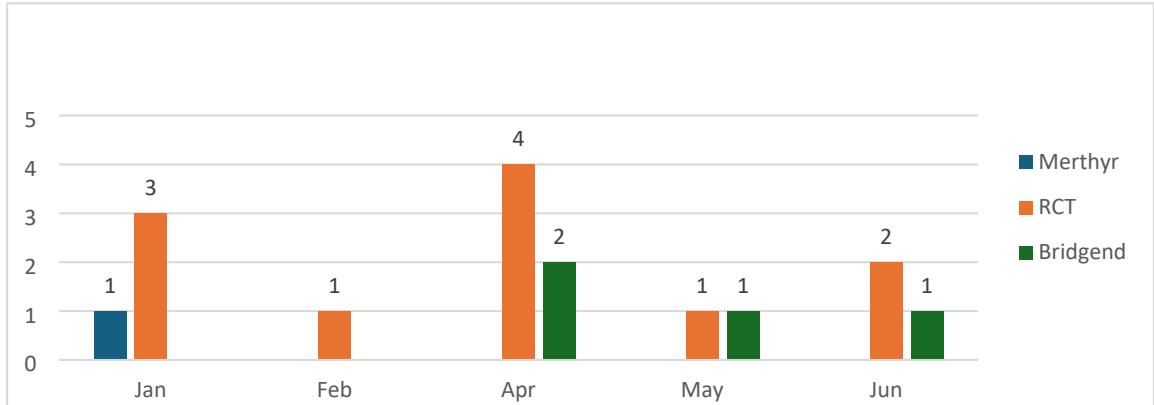
Graph 1 – Use of Section 135(1) by Health Board area



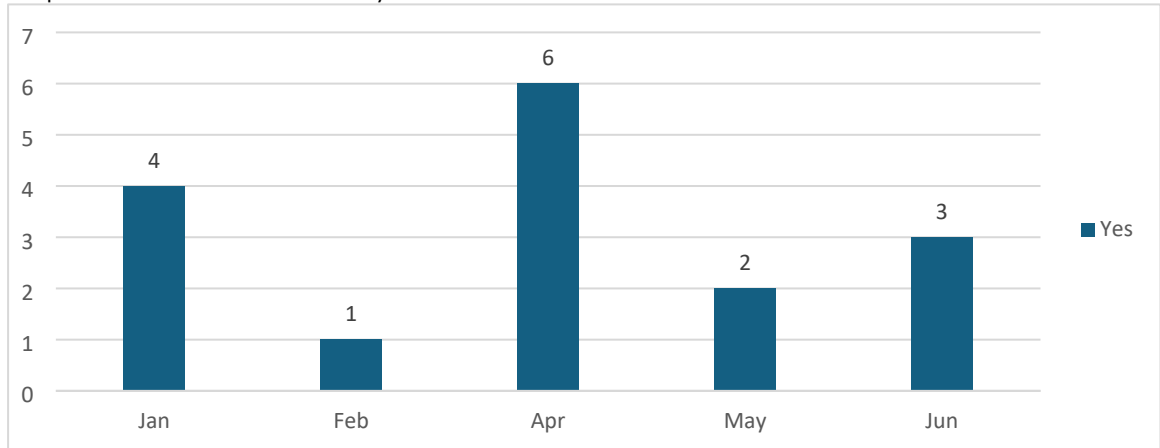
16 warrants were applied for in the 6-month period.



Graph 2 – Use of Section 135(1) by Local Authority area

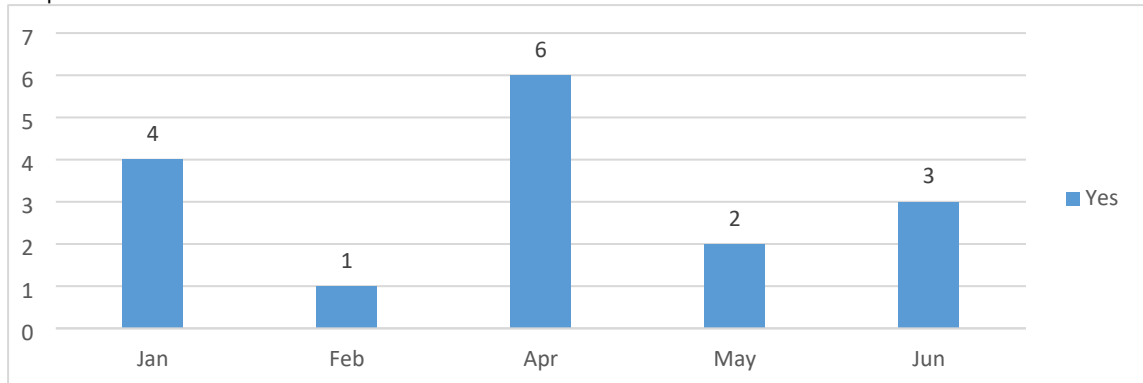


Graph 3 – Was a warrant issued by the court?



The court issued warrants on all of the 16 occasions when they were applied for.

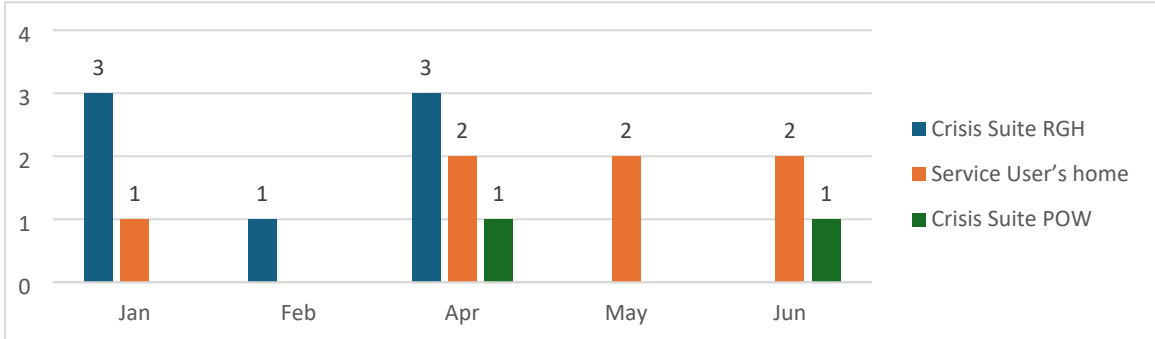
Graph 4 – Was the warrant executed within the 3 months time frame?



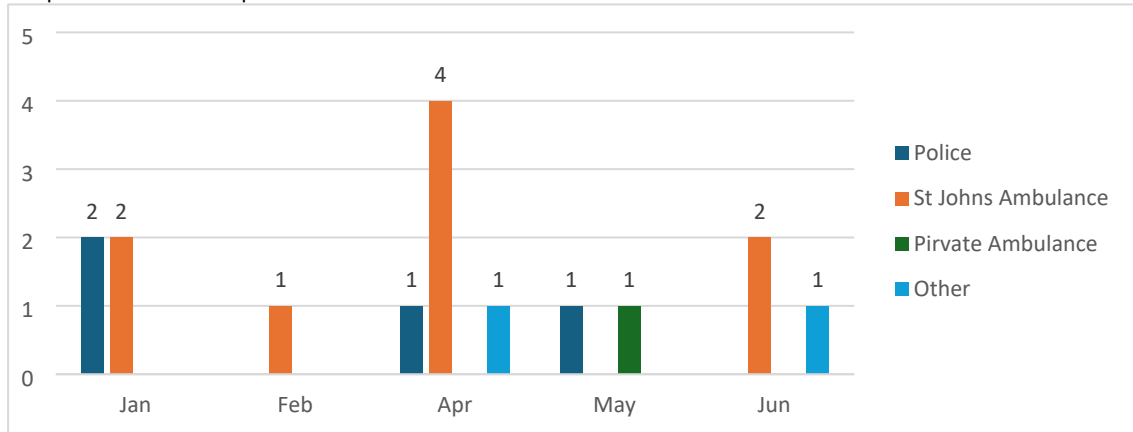
The warrant was executed within the 3-month time frame on all 16 occasions. Whilst the audit tool did not address the actual date when the warrant was executed it is understood that these were actioned within a 7 day period.



Graph 5 – Which place of safety was used?

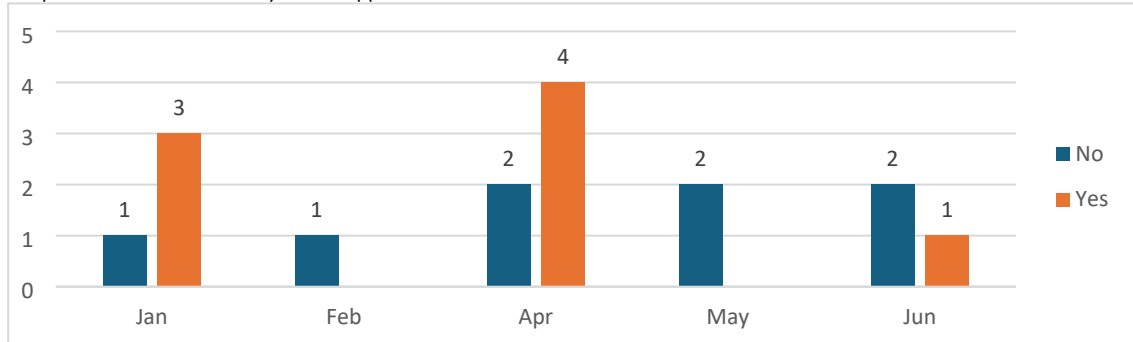


Graph 6 – What transport was used?



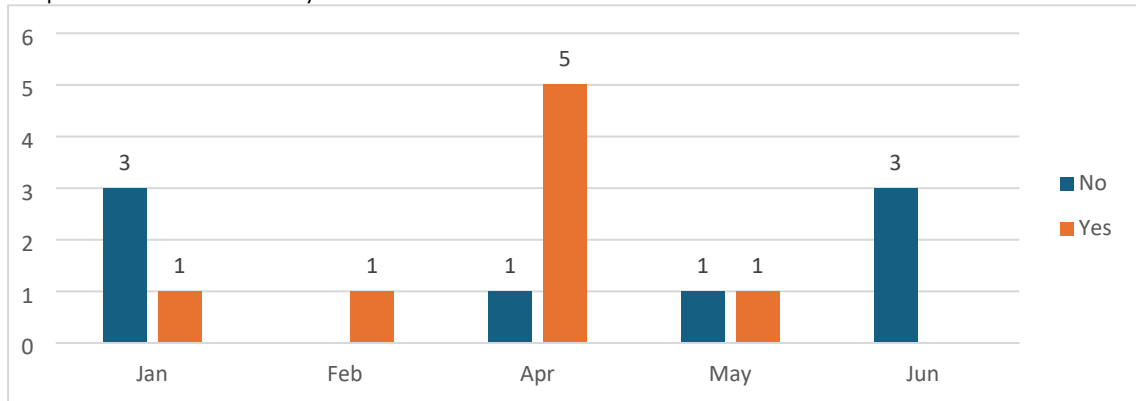
On the two occasions when "other" transport was used one involved a family member conveying the patient and a second involved the commissioning of secure transport.

Graph 7 – Was there a delay in the application to the court?



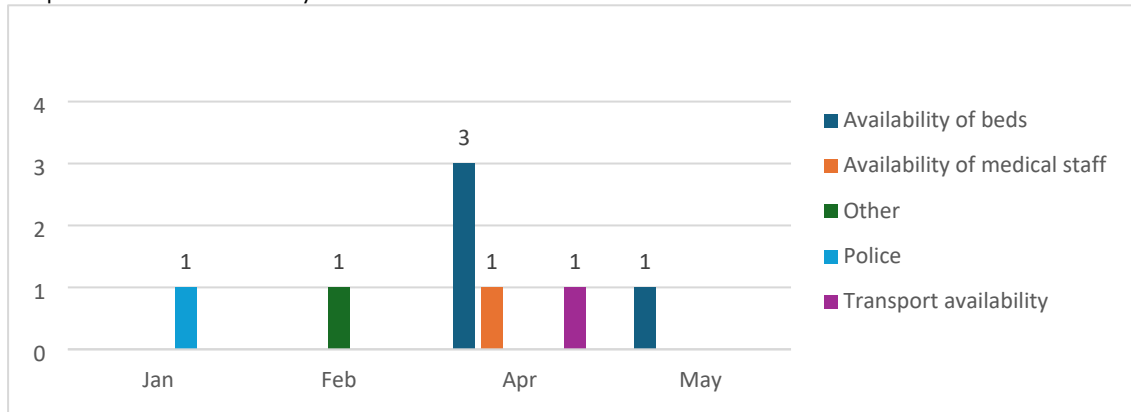
On 8 occasions there was a delay in making the application to the court. No warrant slots were available within the booking system and out of hours arrangements needed to be made.

Graph 8 – Was there a delay in the warrant executive?



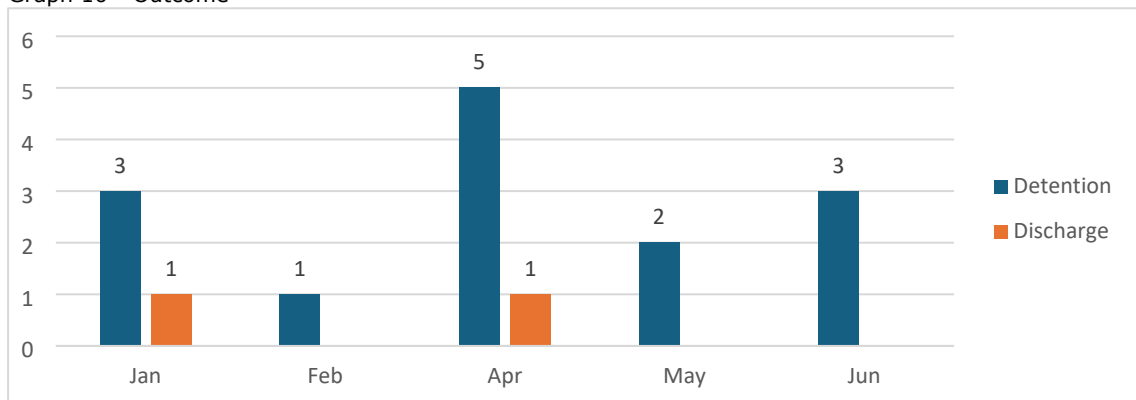
On 8 occasions there was no delay in the execution of the warrant. On 7 occasions there were delays which are described in the graph below.

Graph 9 – Reasons for delay in execution of warrant



“The other” reason for a delay related to the warrant being obtained after 5pm on a Friday. The EDT did not execute the warrant on the weekend and passed it onto the sector team on Monday morning.

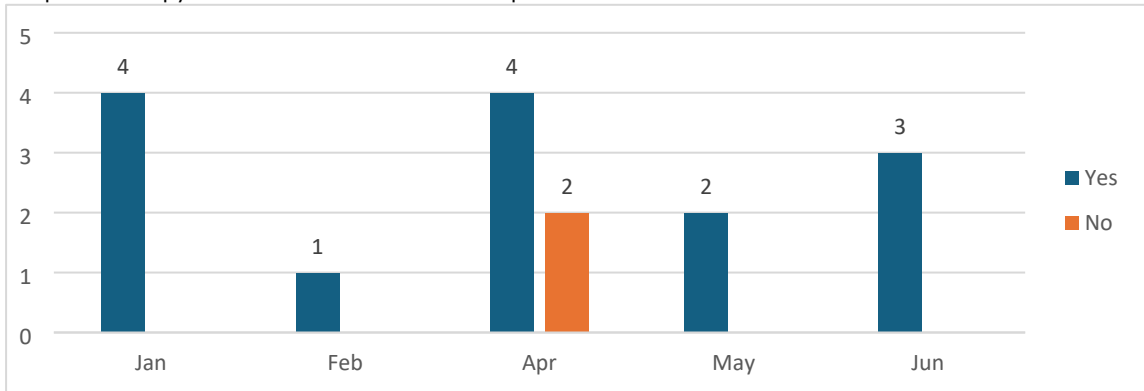
Graph 10 - Outcome



14 of the 16 applications resulted in detention.



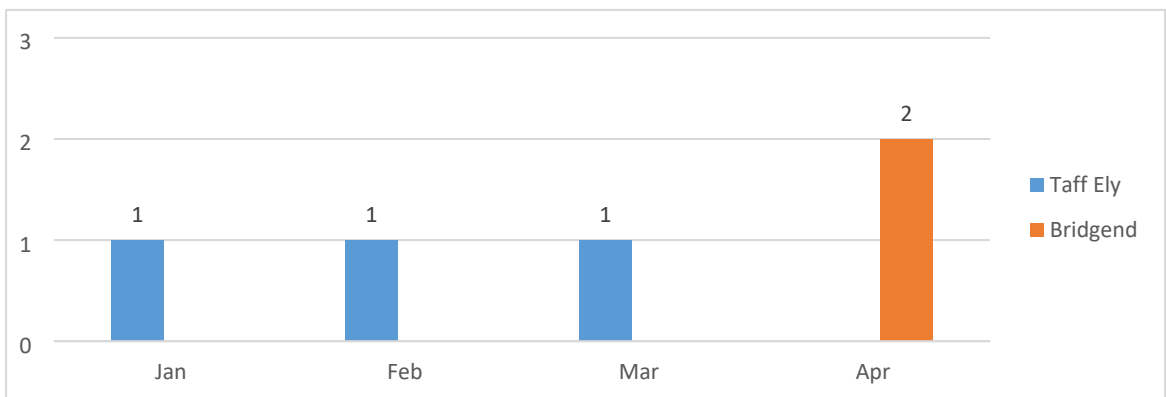
Graph 11 – Copy of warrant left within the Hospital?



On all occasions when a patent was detained a copy of the warrant was left with the hospital.

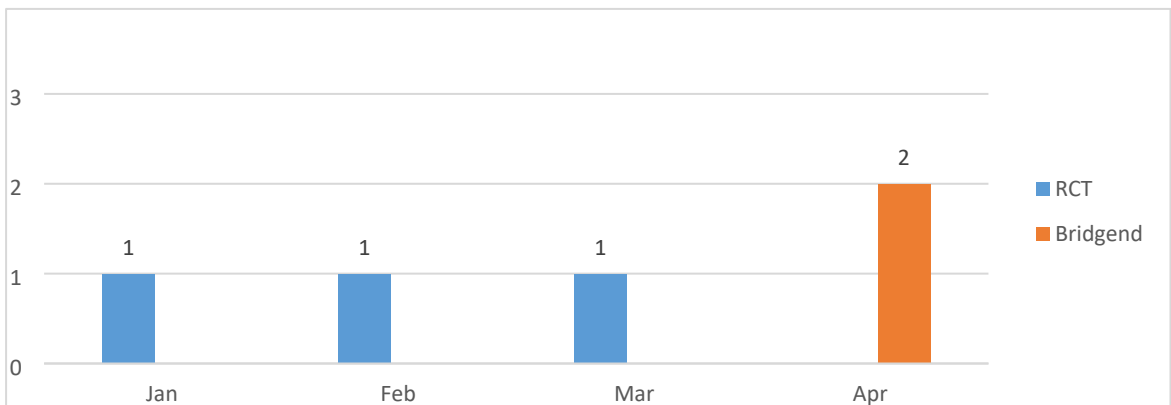
3.2 135 (2)

Graph 12 – Use of Section 135(2) by Health Board Area



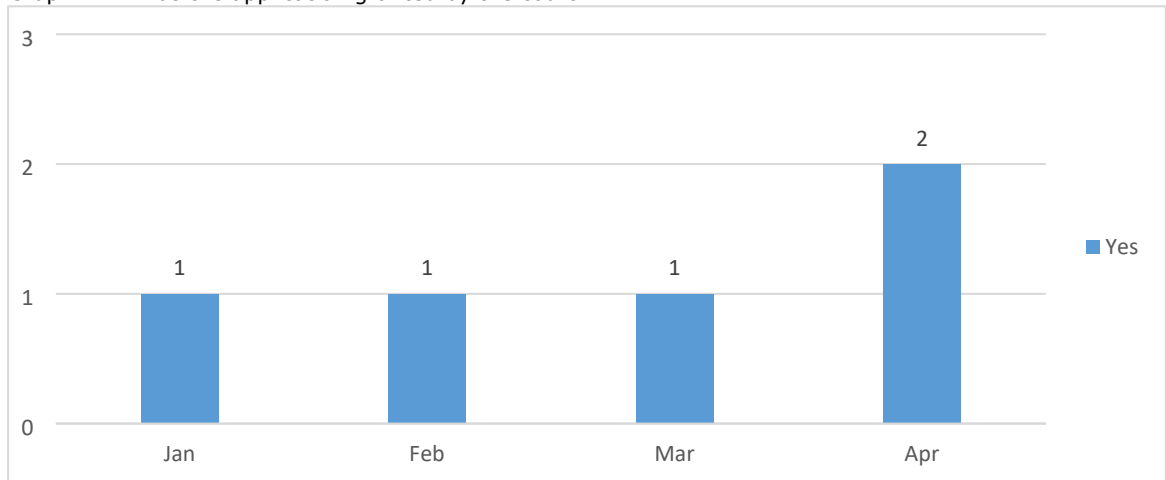
During the 6-month review period there were 5 applications for section 135 (2)

Graph 13 – Use of Section 135(2) by Local Authority area



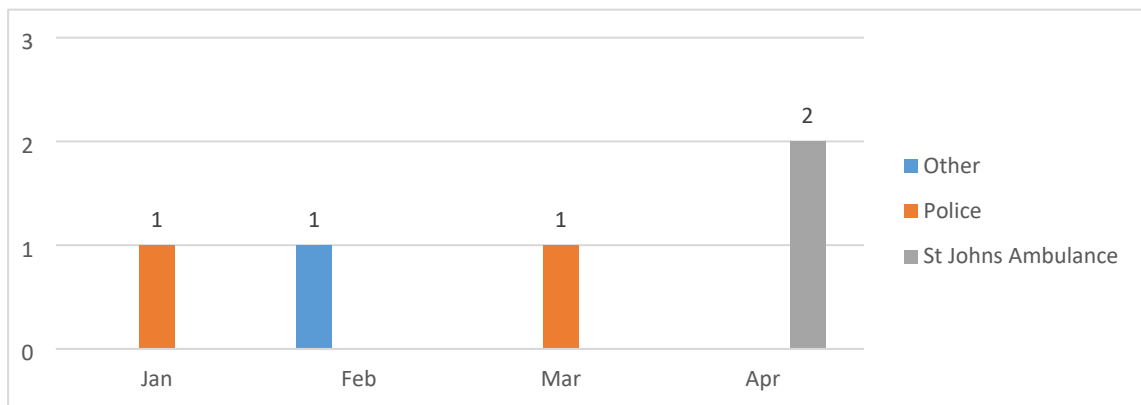


Graph 14 – Was the application granted by the court?



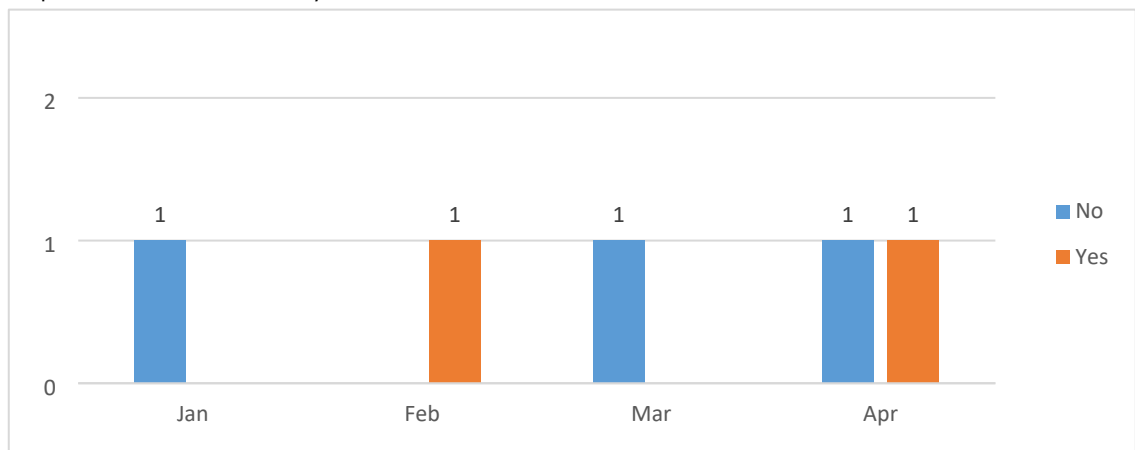
On all occasions the court granted the application.

Graph 15 – What transport was used?

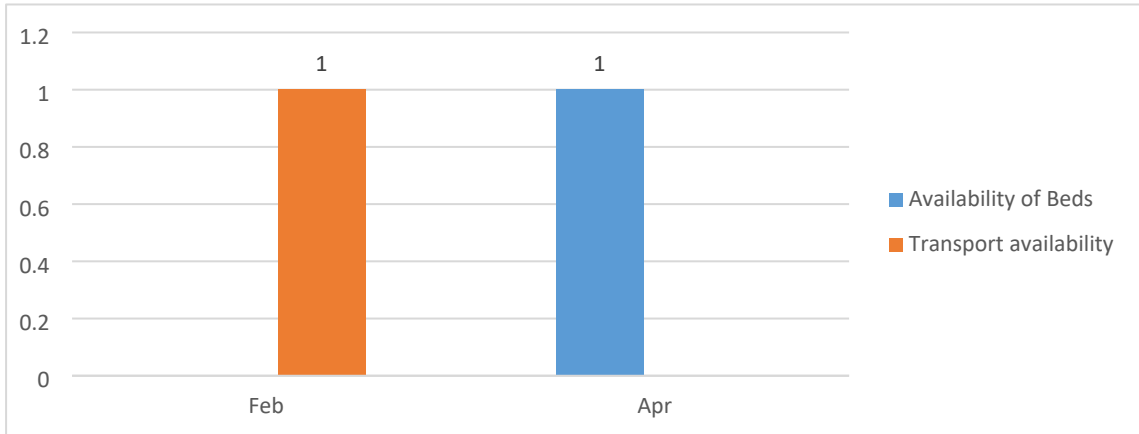


The "other" occasion involved the use of the Royal Glamorgan Hospital pool car.

Graph 16 – Was there a delay in the execution of the warrant?

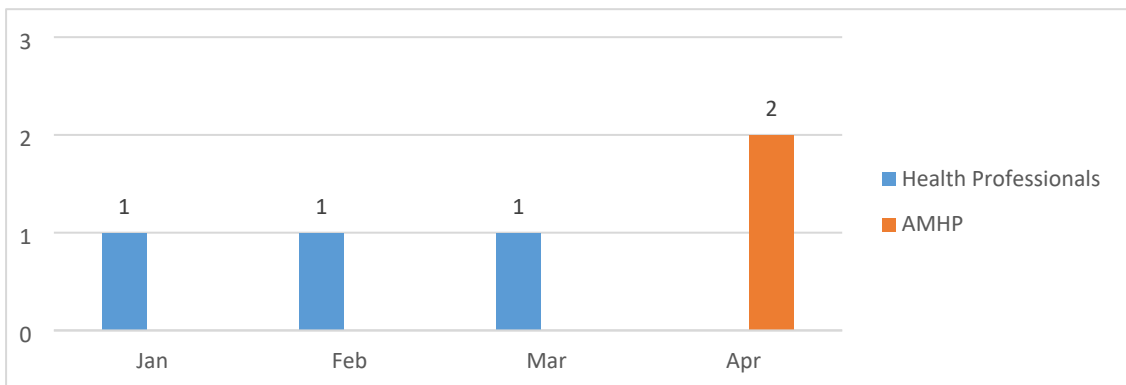


Graph 17 – Reason for the delay in execution of warrant

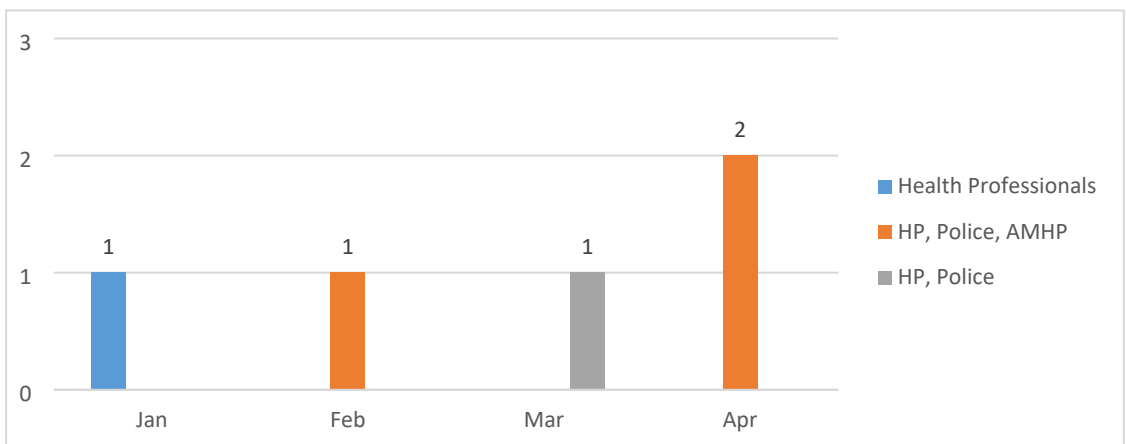


There were 2 delays in the execution of the warrant one relating to the availability of a bed and a second relating to the availability of transport.

Graph 18 – Who made the application?



Graph 19 – Who executed the warrant?





4. Key Risks / Matters for Escalation

4.1 Patient Conveyance

The audit found there were some occasions when the execution of a warrant was delayed because of a lack of available transport. The St Johns Ambulance provide a valuable patient conveyance service between the hours of 10:00 – 20:00 during week days and between 11:00 – 19:00 on the weekend. The Health Board has also recently reviewed commissioning arrangements for secure transport and a hierarchy of providers who can be contacted is now available. The crisis teams and local wards will have access to these contact details and can commission secure transport with the approval of their senior nurse or the Out of Hours Silver on-call. As with all types of conveyance early notice to the provider helps with a timely response.

4.2 Availability of Beds

The audit found there were some occasions when the execution of the warrant was delayed because of the availability of a bed. The Health Board has produced a Section 140 policy which provides a clear framework to assist staff in arranging patient admissions to a mental health ward. This policy has recently been updated to introduce a process for the admission of a mental health patient above normally agreed ward numbers. The new process includes guidance on escalation, documentation, risk assessment and staff observation levels to support admission in such circumstances.

4.3 Policy Framework

The current procedure and guidance for application and execution of a Warrant under Section 135 (1) and 135 (2) of the Mental Health Act 1983 (MH02) was generated in 2014 and is in need of review. The South Wales Police are the lead authority for the policy and are confirming arrangements for a partnership review. The code of practice states there should be guidance to practitioners on making applications for a warrant both during and outside court hours. This should be available to all partner agencies including Health and the Local Police.

Local Authority colleagues from across the region have helpfully prepared a briefing note for staff and provided some training on applications for a warrant. The guidance includes information on the court booking system and when an out of hours urgent hearing is required because of the absence of any available slots. These booking arrangements have caused some delays in the application process. The payment arrangements for such applications are in place both within the Local Authorities and the Health Board. There is a need to develop an agreed Standard Operating Procedure

to assist applicants in making a warrant application to court in relation to Section 135 of the Mental Health Act 1983.

4.4. Role of the Police

The current policy guidance (MH02) for application and execution of a warrant under Section 135 (1) and Section 135 (2) of the Mental Health Act 1983 confirms, the police officer has primary responsibility for executing the warrant and ensuring the person is removed from the premises and conveyed to a nominated place of safety. Before applying for the warrant, the AMHP or Health Professional must obtain information from a range of different sources. This will be essential to support the pre-planning requirements with the police.

The code of practice (16.10) states the actual transportation of the individual will be in line with locally agreed policies, which should ensure that the most appropriate form of transport is available. Police transport should be the last resort and the use of police transport should be considered only when all other options are exhausted. Where it is reasonably practicable, before a warrant is applied for, the intended place of safety should be identified and the necessary arrangements, including the method of transportation, made. It should never be necessary to use a police station as a place of safety for people removed under section 135(1), other than in the most exceptional circumstances.

The code of practice (16.15) states reliance upon section 135 to gain entry in an emergency situation may be inappropriate due to the time it can take to obtain the necessary warrant. The police may use their power of entry under Section 17(1) (e) of the Police and Criminal Evidence Act 1984 (PACE) for the purposes of saving life or limb or preventing serious damage to property. However, this does not confer on the police any power to remove the person to a place of safety or to detain them.

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	Living Well
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant /	A Healthier Wales
	If more than one applies please list below:



Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	
	Dolen i Hwyluswyr Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</i> Link to Enablers of Quality <i>(Duty of Quality Statutory Guidance (gov.wales))</i>
Dolen i Feysydd Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</i> Link to Domains of Quality <i>(Duty of Quality Statutory Guidance (gov.wales))</i>	Person Centred If more than one applies please list below:
	Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: Issues considered within the Partnership Group.
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: Understood not required for data reports.
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	



Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.
Effaith Adnoddau <i>(Pobl /Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.

5. Next Steps

5.1 The audit process has helpfully brought together Local Partners to consider how we operate Section 135 in our region. The audit has highlighted a number of learning points which include:

- The further close monitoring of patient conveyance to ensure appropriate arrangements are available when necessary. Recent clarification on access arrangements to St Johns Ambulance and the development of secure transport commissioning pathways within the Health Board should help here.
- The future close monitoring of bed availability and the application of the Section 40 Policy. Any occasion when the application or execution of a Section 135 warrant is delayed because of bed availability should be immediately escalated to Senior Colleagues.
- There is a 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.

6. Recommendations

The Mental Health Act Monitoring Committee is asked to **NOTE** the audit work on Section 135 and the learning points which will be taken forward by the Mental Health Act Operational Group.

7. Appendices

Appendix 1	
Section 135(1) and Section 135(2) audit tool	

135 Audit Tool

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

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



Agenda Item

5.2

Mental Health Act Monitoring Committee

MENTAL HEALTH ACT OPERATIONAL GROUP REPORT

Dyddiad y Cyfarfod / Date of Meeting	20/08/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Robert Goodwin, Directorate Manager, CAMH's & Specialised Services
Cyflwynydd yr Adroddiad / Report Presenter	Robert Goodwin, Directorate Manager, CAMH's & Specialised Services
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Julie Denley, Executive Director of Primary Care, Community & Mental Health

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

Committee / Group /Forum Individuals	Date	Outcome
(Insert Details)	Click or tap to enter a date.	

Acronyms / Glossary of Terms

MHA	Mental Health Act
AMHP	Approved Mental Health Practitioner
EDT	Emergency Team
SWP	South Wales Police
CAMH's	Child and Adolescent Mental Health Service
IMHA	Independent Mental Health Advocacy
AWOL	Absent Without Leave
SOAD	Second Opinion Appointed Doctor

1. Situation /Background

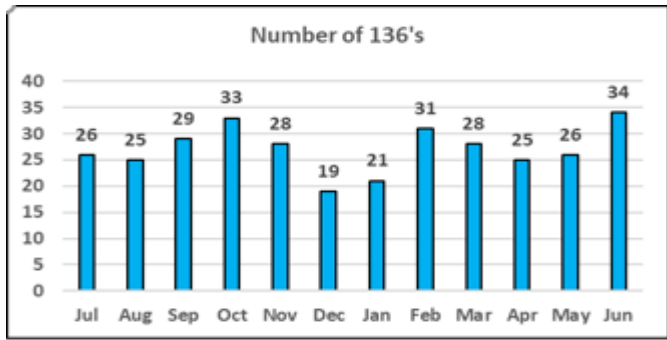
1.1 The Operational Group has met on one occasion since the last meeting of the Mental Health Act Monitoring Committee which took place 13th May 2025. The meeting on 25th July 2025 was well attended with representatives from across Adult Mental Health Services, CAMHs, Mental Health Act Team, Social Services, IMHA Service and South Wales Police.

2. Specific Matters for Consideration

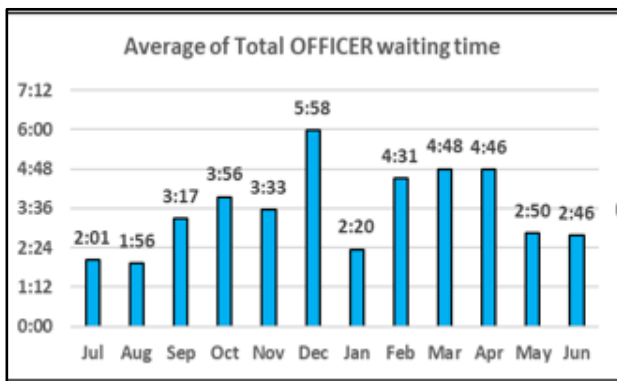
2.1 Waiting Times for Section 136 Assessments April – June 2025

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.

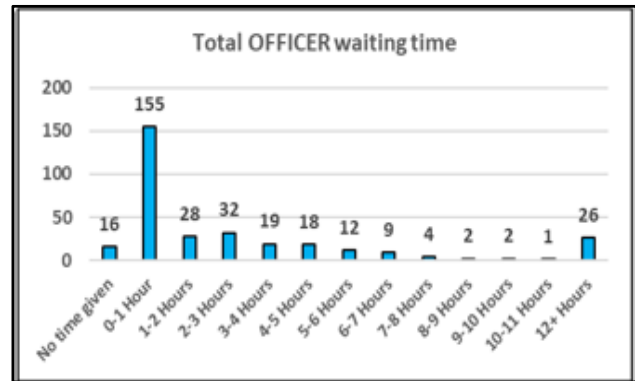
Graph 1. Total No. of Section 136 Detentions



Graph 2. Average of Total Officer Waiting Time



Graph 3. Total Officer Waiting Time

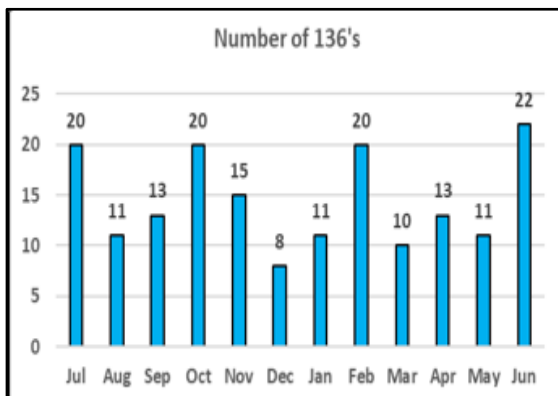


Graph 2 above shows a small reduction in average total officer waiting times for May and June 2025. The June waits are 55% lower than the highest recorded wait in December 2024.

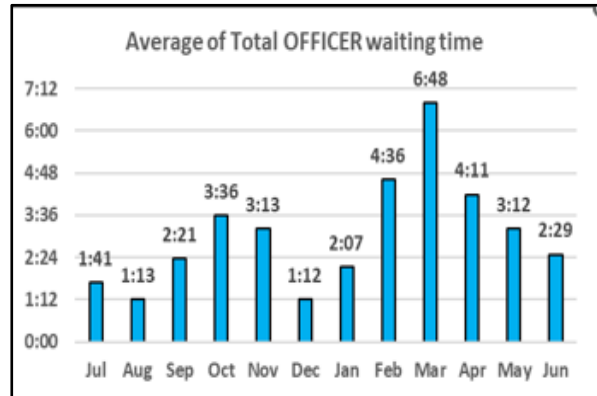
Graph 3 shows 171 Section 136 applications having Police waits of less than 1 hour over the year. This is 53% of the total Section 136 applications made during the 12 months period. There were 153 (47%) Section 136 applications who waited longer than 1 hour, 79 (24%) of whom waited less than 4 hours.

Presentation to Health Board’s Place of Safety;

Graph 4. Total No. of 136 Detentions



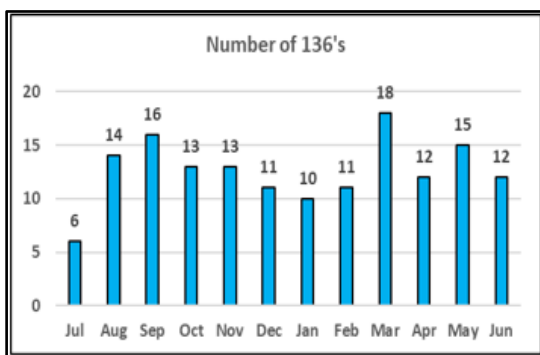
Graph 5. Average of Total Officer Waiting Time



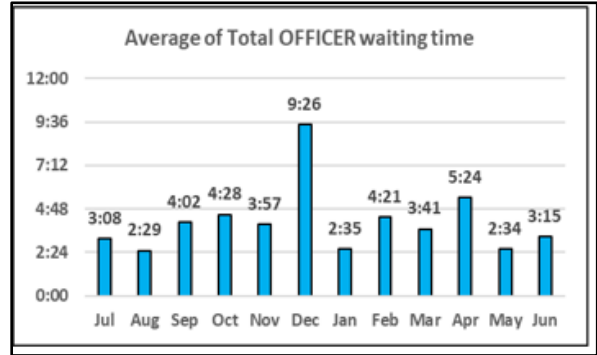
Graph 5 – shows the total Officer waiting time in the Place of Safety had reduced in April, May and June from a high in March 2025. The June waits were 63% lower than those in March 2025. The Operational Group discussed the reasons for individual waits which could include access to an inpatient bed. The Group agreed to monitor where Section 136 waits were due to bed availability. The Group approved a revision to the Section 140 Policy which permitted the admission of patients above normal numbers when this was required and following careful risk assessment.

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 reduced in May and June 2025 from a high in December with the main delays continuing to be intoxication and medical concerns.

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

The Group considered the recent implementation of Phase 3 (Transportation of Patients) and Phase 4 (Section 136 and Police Handover) which were being supported by regular Partner briefings and local practitioner meetings. Police Colleagues report Section 135 arrangements working well in our region with alternatives to Police transport often being arranged. In terms of Section 136 conveyance this was linked to further national discussions. In terms of patient handover there was provision for this within the existing policy when it is mutually agreed. There is also a clear escalation process in place.

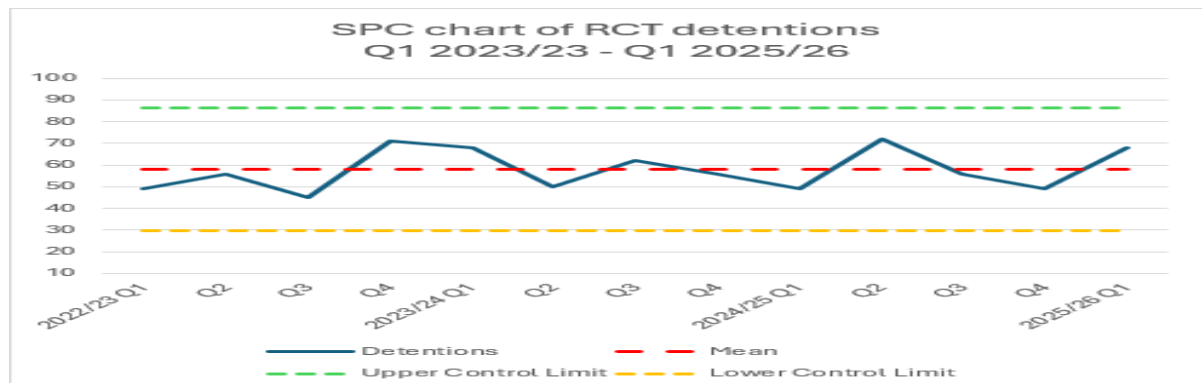
The Group reviewed a new handover and conveyance standard operating procedure for patients detained under Section 136 and Section 135. This gave a coordinating role in the Health Board to local crisis teams. It was acknowledged that the South Wales Police had received national guidance about 111#2 being the single point of access in terms of communication when a decision on the use of Section 136 was being considered. This Team would provide the connection with local crisis teams.

It was noted that the Health Board had approved funding for some additional Health Care Support Workers to help with the handover arrangements. This would give local Mental Health Services more capacity to manage patients following Section 136 handover from the Police. The NHS Wales performance and improvement department had convened a regional workshop for our area in connection with Section 136 which was to be held on 5th August 2025. This was part of an All-Wales initiative to share learning.

2.3 Mental Health Act Activity Report Q1, April - June 2025

The Group noted the 26% increase in total Adult detentions from 104 in Q4 to 131 in Q1. This compared with the 2022/25 mean for Adult admissions of 113. The number of Adult RCT detentions had increased from the 2022/25 mean of 58 up to a Q1 number of 68. The Mental Health Act Team prepared an additional SPC chart to identify if these increases were beyond normal control limits.

Graph 8 – SPC Chart of RCT Detentions



The graph above shows the variation in detentions for RCT residents. The levels all fall within upper and lower control limits. The Operational Group has agreed to complete a deep dive into Adult detentions and will consider this at its next meeting.

The Group reviewed the 23 occasions when the Doctor's Holding Powers Section 5(2) had been used in Q1 on Adult Acute Inpatient Wards. This was an increase from the 15 recorded in Q4. 8 of these were converted into a Section 2, 5 into a Section 3 and 10 to an informal status. The increase seemed to be due to rising acuity and was also reflected in increasing detentions within Adult Services. A deeper dive into the use of this Section between May 2024 to April 2025 revealed 6 occasions when the Section had been used twice on the same patient within a single week. The Group discussed the need for least restrictive practice and possible changes to clinical presentation. The Mental Health Act Office agreed to provide more information regarding the use of the Act on these 6 individuals.

The Group considered the use of Section 62 Urgent Treatment which was used on 16 occasions in Q4 and 10 in Q1. Further information would be provided to identify any delay in the submission of SOAD requests to HIW or their deployment following the request.

The Group reviewed the 2 lapses which had occurred in Q1 and approved a new escalation process to be used on those occasions when a detention seemed likely to lapse if urgent action was not taken.

2.4 Mental Health Act Errors and Breaches Q1, April - June 2025

The number of minor rectifiable errors had decreased from 8 in Q4 to 7 in Q1. 3 of the breaches related to the completion of the AMHP forms HO2 and HO6. 1 related to the completion of the Doctors form HO8 and 3 to the Nurses Form HO14. It was disappointing that after 3 consecutive quarters with no fundamental breaches, 3 had occurred in Q1. 2 related to medical recommendations in Section 2 paperwork and 1 related to a conflict of interest. It was disappointing that these breaches had passed through the checklist process.

The Group agreed a range of actions in response to these breaches which included amendments to the scrutiny checklist to provide further information in relation to conflict of interest and the need to photocopy detention papers before they were scanned and forwarded to the Mental Health Act office by post. It was also acknowledged that some agency staff may not have the necessary training to fully apply the checklist and it was suggested that they seek support from a neighbouring ward when scrutinising detention papers. The Group also recognised the value of providing a supplementary document to the checklist which would give some examples of minor and fundamental breaches.

There was discussion on the value of introducing a quarterly governance forum for all medical staff which could focus on a range of issues such as mortality reviews and Mental Health Act breaches. Such a forum was considered valuable

in terms of training and professional development Medical colleagues in the Group agreed to take this forward.

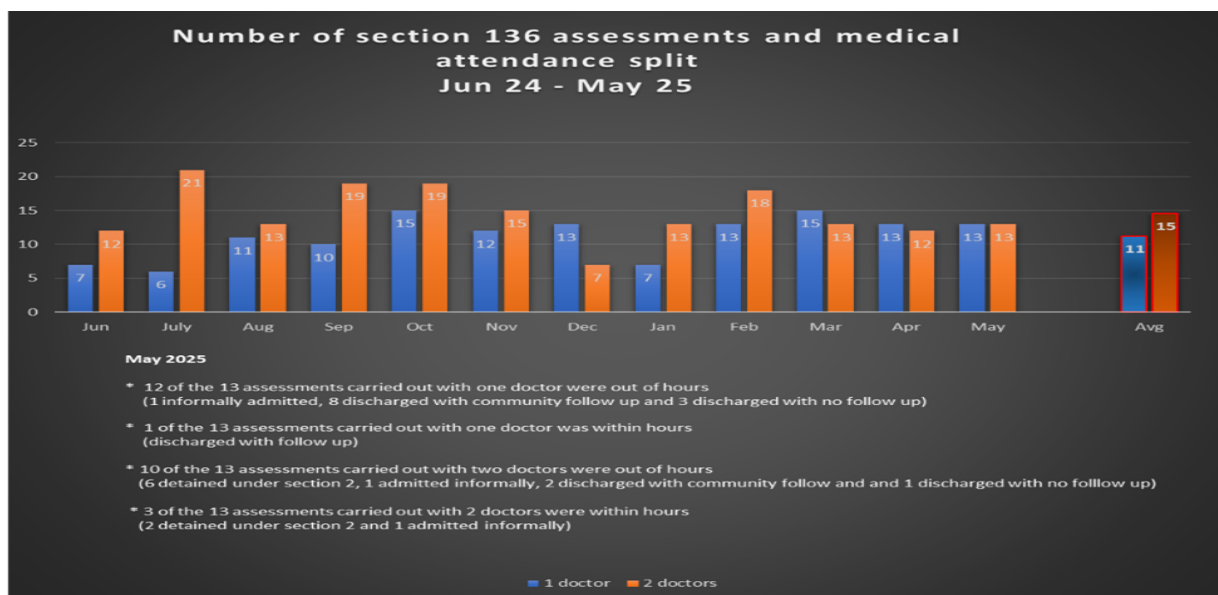
2.5 Place of Safety Facilities in the Health Board

Improvements to the Prince Charles Hospital Place of Safety were supported through the Welsh Government Targeted Estates fund (A fund for Mental Health estate/capital improvements as part of the wider Health Boards Capital allocations across Wales). The work to refurbish three separate rooms will start in September 2025. During this refurbishment the Prince Charles Hospital Place of Safety facilities would transfer to the Royal Glamorgan Hospital. The Group also discussed some improvements to the Princess of Wales Hospital Place of Safety following a recent HIW visit to Ward 14.

2.6 Medical Attendance at Section 136 Assessments

The Medical Workforce Efficiency Group has asked the Mental Health Act Operational Group to monitor medical attendance at Section 136 assessments. The graph below shows an increasing trend of single doctor assessments when compared with those where two doctors are in attendance. 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



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

2.7 Section 117 Aftercare - Review of Registers

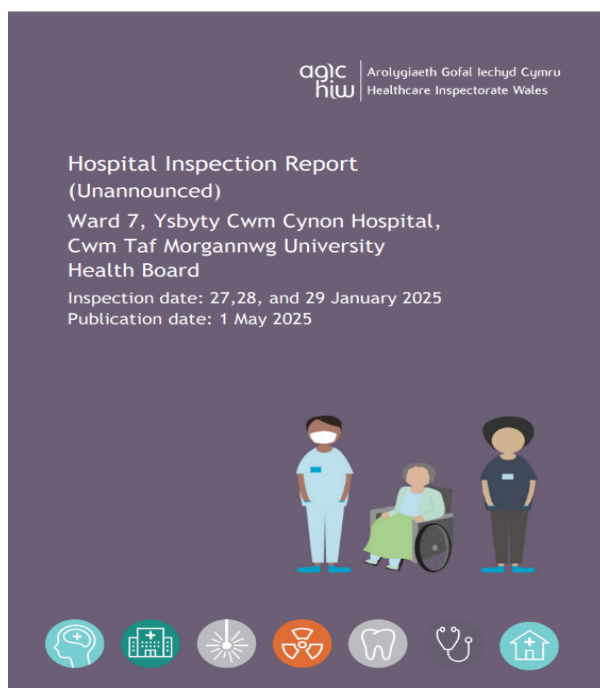
The Code of Practice for Wales defines the purpose of Section 117 as meeting a need arising from the patient's mental health disorder or to reduce the risk of

deterioration. The Mental Health Act Team have with partners developed a procedure to ensure the effective maintenance of the register. This was agreed in the Operational Group at the meeting on 7 November 2024 and at the Executive Management Board on 25th November 2024. Work to validate the register is continuing with a delay in the Adult Taff Ely CMHT being attributed to administration shortages. This has been escalated within the Care Group.

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

2.8 HIW unannounced visits to Ward 7, Ysbyty Cwm Cynon Hospital – 27th – 29th January 2025.

This was a very positive visit to the 14 bed mixed gender older persons dementia care ward 7.



Delivery of Safe and Effective Care

“Patient records were well organised, and improvements had been made relating to patient records since our last inspection. Patient data and their records were kept securely. We saw a good standard of care planning which reflected the domains of the Welsh Measure. Care plans were well detailed, individualised, and reflected a wide range of Multi-disciplinary Team (MDT) involvement, and there was clear and documented evidence of patient and family involvement”.

Mental Health Act Monitoring

“We reviewed the statutory detention documents for three patients. All patient detentions were

found to be legal according to the legislation and were well documented. Overall, the records we viewed were well organised, easy to navigate and contained detailed and relevant information. The Mental Health Act administrator runs an efficient and effective system to support the implementation monitoring and review of the legal requirements of the mental health act. The MHA administrative team attended all wards in the health board on a rota basis and deliver training sessions in areas identified by the team as requiring a more in-depth training programme. Staff reported very positively about the ward based training and there was a high level of compliance”.

There were no immediate improvements required following the visit or any actions necessary in relation to the Mental Health Act. There were a range of

estate issues which required attention. There was also a recommendation relating to the need for dietetic support which was to be considered as part of a wider strategic programme of Older Adult in-patient redesign. There were also some policy matters which needed to be addressed, particularly relating to review dates having lapsed.

2.9 Review of Section 135

The Group had established a sub group to review the use of Section 135. The Code of Practice describes "Police powers to remove to a place of safety" in Section 10. The Operational Group considered the outcome of the Q4 and Q1 audits which had been completed using the agreed audit tool. This work was to be presented in a separate deep dive report to the Mental Health Act Monitoring Committee on 20th August 2025.

2.10 Audit of section 17 leave - Ward 14 – Princess of Wales Hospital

The Group reviewed the Section 17 leave audit completed for Ward 14 using the audit tool developed in CAMHS. Generally good performance with a single issue relating to patient access to their leave forms being progressed. Colleagues were considering electronic solutions through the secure portal. It was agreed that the audit would be completed next within the Royal Glamorgan Hospital Mental Health Unit.

2.11 Mental Health Act Detentions onto Older Peoples Mental Health Service Wards

The Group had previously reviewed Older Peoples Mental Health detentions and had considered possible increased use of the Mental Health Act due to changes in the way DoLS was to be applied. Following developments in case law in recent years (most notably, Manchester University Hospital NHS Foundation Trust v JS & Others [2023]) there has been some shift in how the law is applied which has led to an increase in the number of patients deemed to be ineligible for DoLS.

The above case outlined that when considering whether the MHA or DoLS should be applied, the 'key questions' to ask are:

1. Is the person a 'mental health patient'?
2. Is the person an 'objecting' mental health patient?
3. Could the person be detained under the MHA?

If the answer to all is yes, DoLS/ MCA cannot be used. The Operational Group agreed to closely monitor this situation and to keep under review any training requirements for clinical colleagues and the impact on the level of use of the MHA in Older Adult Services.

2.12 Review of fees for Section 12 Mental Health Act Assessments

The Care Group were currently reviewing the Consultant on call rota and arrangements for Section 12 assessments. One of the areas being considered was the introduction of a dedicated Section 12 Approved Doctor rota to support a single second on call Consultant out of hours arrangement. The Group were aware of variations in the fees paid across Wales by Health Boards and understood there to be separate rates for out of hours assessments. The Welsh Government were reluctant to agree a standard rate card preferring local areas to agree these.

2.13 Revised Mental Health Review Tribunal Hearing Arrangements

From June 2nd the MHRTW administration team have begun to list hearings by way of videoconference unless a hearing in person is requested. This will be piloted for 6 months and evaluated to better understand their effectiveness to influence future operational processes. The application form on the MHRTW website has been updated and distributed.

If a patient or their representative requests that the hearing be in person the Tribunal Office will attempt to arrange hearings in accordance with their preference however this can't always be guaranteed. An example of where that may not be possible would be where there are practical reasons which mean that it would delay the hearing for an unacceptable amount of time. All representations will be considered by the senior judicial team.

2.14 The Mental Health Act Training

The Mental Health and Learning Disabilities Care Group were considering a request to establish a budget for Mental Health Act Training. The aim was to deliver two events each year to a multidisciplinary multiagency audience. On 3rd June 2025 RCT CBC commissioned training on Mental Health Act 1983 Case Law. On 24th July 2025 Digital Health and Care Wales hosted a briefing session on the new Mental Health Bill. The Mental Health Act Team have also circulated the link to a UK wide training session on 9th October 2025. Details are available from the department.

2.15 Hospital Managers Power of Discharge Committee Meeting

The Group noted the minutes of the well attended meeting held on 23rd July 2025. The good response in relation to Hospital Manager recruitment was noted together with some training proposals and the role out of the individual appraisal process.

2.16 Independent Mental Health Advocacy Q1 (April - June 2025)

The number of qualifying patients in the quarter had increased to 237. This was the highest number received to date and reflected increasing referrals from Bridgend which was being supported by regular visits to Ward 14. Advocacy support Cymru identified some improvements in staffing levels within the Royal

Glamorgan Hospital Mental Health Unit together with very positive support from multi-disciplinary teams in relation to promoting the roll of advocacy. In terms of some concerns a safeguarding referral had been made following the inappropriate use of restraint in a private hospital was noted together with some delays in discharge from our Older People Mental Health services and some delays in the delivery of DoLs assessments.

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		Awaiting Police to update national policy
MH02	Section 135(1) Section 135(2)		Awaiting Police to update national policy

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.	November 2025
Policy Work	Completion of a revised Section 135 / 136 policy incorporating changes as a result of "Right Care Right Person". The South Wales Police are leading on this.	November 2025



Review of the Section 135	Following development of the audit proforma review use of Section 135 and report back to the Committee.	August 2025
Review of Adult Detentions	Completion of a deep dive into trends in Adult detentions.	November 2025
Quality Impact Assessment	Screening exercise to be completed by the Operational Group.	November 2025
Equality and Welsh Language	Impact assessment screening to be completed by the Operational Group.	November 2025
Review of Section 117	An audit tool will be developed to measure our Service against the standards within the Code of Practice and our local policy. Prior to this the 117 register needs to be fully cleansed.	February 2026

3 Key Risks / Matters for Escalation

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

The Operational Group continue to monitor patient and police waiting times for Section 136 and new arrangements have been put in place in relation to the co-ordinating role of the Crisis Teams. The South Wales Police have committed to beginning the partnership review of the Section 136 Policy. A Welsh Government regional workshop is to be held on 5th August 2025.

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 a September start date for the refurbishment had been agreed. Whilst this work was underway this place of safety would temporarily transfer to the Royal Glamorgan Hospital Mental Health Unit.

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 standard

3.4 Increased use of Section 62

The Group will continue to closely monitor the use of these emergency provisions focussing on submission of SOAD requests to HEIW and subsequent timely attendance.

3.5 HIW unannounced visits to Ward 7, Ysbyty Cwm Cynon Hospital – 27th – 29th January 2025

A very positive unannounced visit with Mental Health Act documentation, the work of the Mental Health Act Team and the provision of Mental Health Act training all commended.



3.6 Mental Health Act Errors and Breaches

It was disappointing that after 3 consecutive quarters recording no fundamental breaches, 3 occurred in Q1. 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 / Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A More Equal Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</i> Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Data to Knowledge
	Learning, Improvement & Research
Dolen i Feysydd Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</i> Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Safe
	If more than one applies please list below: Effective Equitable Person Centred
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:



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

5. RECOMMENDATION

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



Agenda Item

5.3

Mental Health Act Monitoring Committee

**MHA Activity Report with Breaches and Errors for
Quarter 1
(Apr - Jun 2025/26)**

Dyddiad y Cyfarfod / Date of Meeting	20/08/2025
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Mrs Alison Thomas – MHA Manager Jeremy Burgwyn - MHA Team Lead
Cyflwynydd yr Adroddiad / Report Presenter	Mr Robert Goodwin – Directorate Manager, CAMHS and Specialist Services
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gethin Hughes, Chief Operating Officer

Pwrpas yr Adroddiad / Report Purpose	For Noting
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group /Forum Individuals	Date	Outcome
MHA office staff/ MHA Operational Meeting	25/07/2025	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. Situation / Background

- 1.1 The purpose of this report is to present activity data including errors and breaches regarding the application of the Act within CTMUHB. This report presents the MHA activity to the MHA Monitoring Committee in respect of Q1 (Apr - Jun 2025/26).
- 1.2 Section 15 of the Act allows for the rectification of statutory detention documentation completed by Doctors and AMHPs within 14 days of admission to hospital. While the minor errors are defined by "principal de minimus" (meaning they are immaterial and too small to be of any consequence), the fundamental errors (breaches) are more serious and require further attention and scrutiny to ensure that lessons are learned and the breach does not reoccur.
- 1.3 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.
- 1.4 The report covers Adult, Older Persons Mental Health and CAMHS services managed by CTMUHB.
- 1.5 This activity is monitored in the MHA Operational Group, which is supported by the MHA Administration team.
- 1.6 A Glossary of terms is attached for ease of reference (Appendix 2.)

2. Specific Matters for Consideration

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

2.2 Adult Detentions

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

Q1 saw an increase of 26% in the total adult detentions from 104 in Q4 to 131 in Q1

The use of holding powers under Section 5(2) increased from 15 in Q4 to 23 in Q1. This was mainly down to increased use for patients from the Bridgend and Merthyr areas.

Detentions under section 2 increased from 60 in Q4 to 73 in Q1

Section 3 detentions increased from 15 in Q4 to 22 in Q1
 There was no use of Section 5(4) nurses holding power in Q1
 There was no use of Section 4 emergency detention in Q1

Graph 1

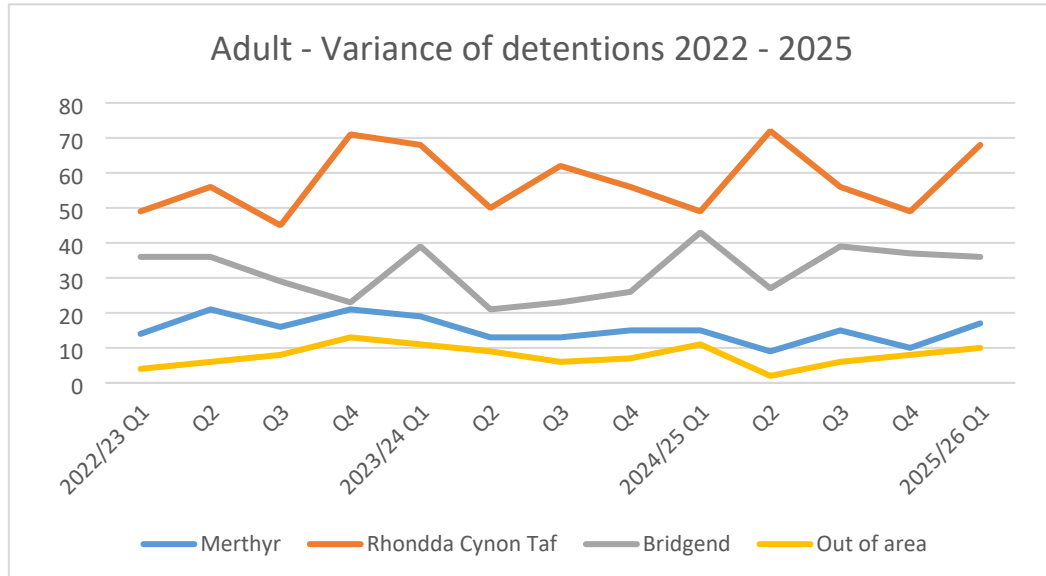


Table 1

Locality	Mean 2022/25	Q1 2025/26
Merthyr	15	17
RCT	58	68
Bridgend	32	36
Out of area	8	10
Total	113	131

Baseline mean to Q1 shifts as follows:

In Merthyr detentions increased from the mean by 2 from 15 to 17.

In RCT detentions increased from the mean by 10 from 58 to 68.

Bridgend detentions increased from the mean by 4 from 32 to 36

Out of area detentions increased from the mean by 2 from 8 to 10

It was noted that the Operational Group had scheduled a deep dive into the use of the MHA in Adult Services within the last two years for consideration at the next meeting on 23/10/2025.

2.3 Older Persons Detentions

The total number of detentions in Older Persons services decreased by 15% from 52 in Q4 to 44 in Q1. This was mainly down to a decrease in Section 3 detentions across all areas

There was no use of the Section 5(4) nurses' holding power this quarter

There was no use of the Section 4 emergency detention this quarter

Graph 2

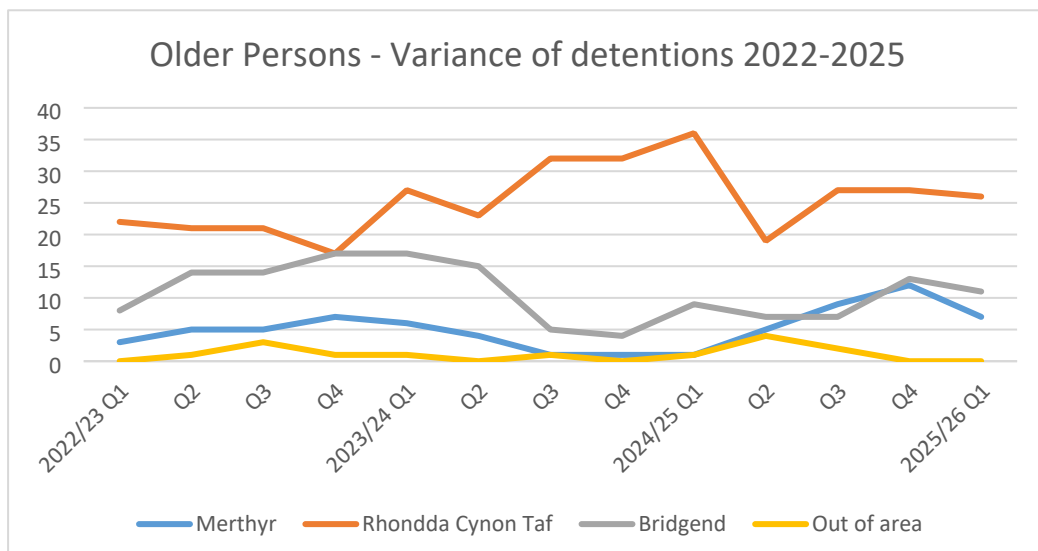


Table 2

Locality	Mean 2022/23	Q1 2025/26
Merthyr	5	7
RCT	25	26
Bridgend	11	11
Out of area	1	0
Total	42	44

Baseline mean to Q1 shifts are as follows:

In Merthyr detentions increased from mean by 2, from 5 to 7

In RCT detentions increased from mean by 1, from 25 to 26

In Bridgend detentions were in line with the mean at 11

Out of area detentions decreased from mean by 1, from 1 to 0

2.4 CAMHS Detentions

Within CAMHS, there was a decrease in detentions from 14 in Q4 to 12 in Q1.

Of the 12 detentions, 3 were from CTM, 3 from Swansea Bay, 3 from Cardiff & Vale, 2 from Hywel Dda and 1 from Aneurin Bevan.

10 of the detentions were admitted to Ty Llidiard CAMHS unit. 2 detentions were for the same patient (section 5(2) and subsequent section 2) on the adolescent bed in Ward 14, POW.

Graph 3

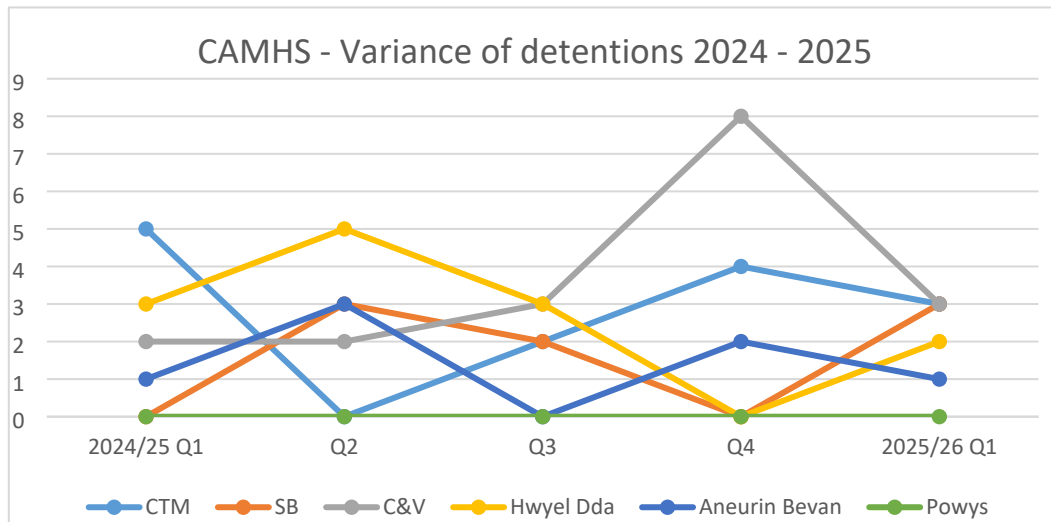


Table 3

Health Board	Mean 2022/25	Q4 2024/25
CTMUHB	3	3
SBUHB	2	3
C&VUHB	3	3
HDUHB	1	2
ABUHB	1	1
PTHB	0	0



Total	10	12
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Baseline mean to Q1 shifts are as follows:

In CTMUHB detentions remained the same as the mean i.e. 3

From SBUHB detentions increased from mean of 2 to 3

From C&VUHB detentions remained the same as the mean i.e. 3

From HDUHB detentions increased from mean of 1 to 2

From ABUHB detentions remained the same as the mean i.e. 1

From PTHB there were no detentions, same as the mean

2.5 Community Treatment Orders (CTO)

There were 5 new CTOs applied during Q1 compared with 2 in Q4

In Q1 there were 5 CTOs extended, 1 discharged, 3 recalled to hospital but not revoked and 2 revoked.

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

There were 22 CTOs in place at the end of Q1.

Graph 4

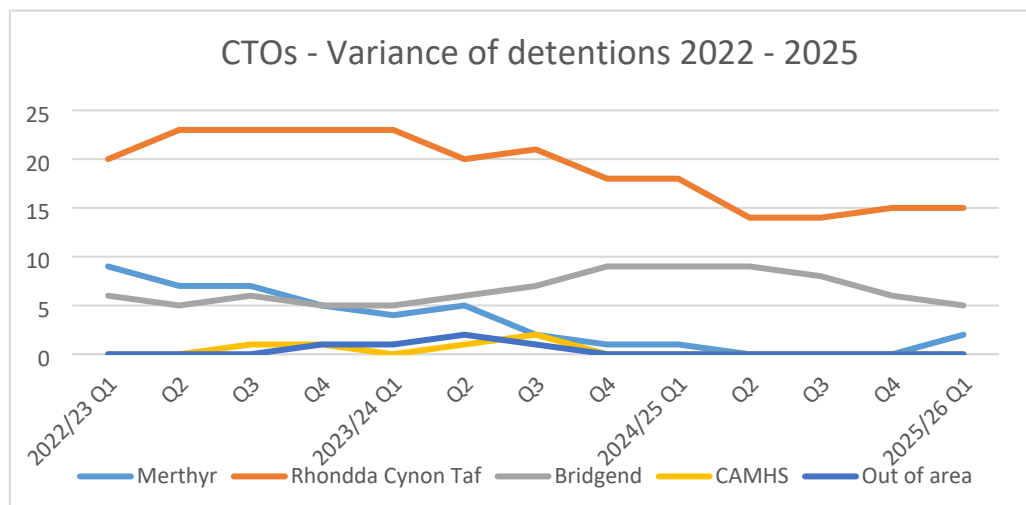




Table 4

Locality	Mean 2022/25	Q1 2025/26
Merthyr	3	2
Rhondda Cynon Taf	19	15
Bridgend	7	5
CAMHS	0	0
Out of area	0	0
Total	29	22

2.6 Use of Section 135/136 Police Powers

Use of Section 136 increased by 7 from 78 in Q4 to 85 in Q1 (16%)

Only 1 of these was used for a person under 18 years of age, who was discharged home with community follow up.

Uses of Section 135 increased during Q1 by one from 8 to 9.

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

Graph 5

This graph illustrates uses of Section 135/136 throughout the LSSAs from Q1 2022/23 to Q1 2025/26.

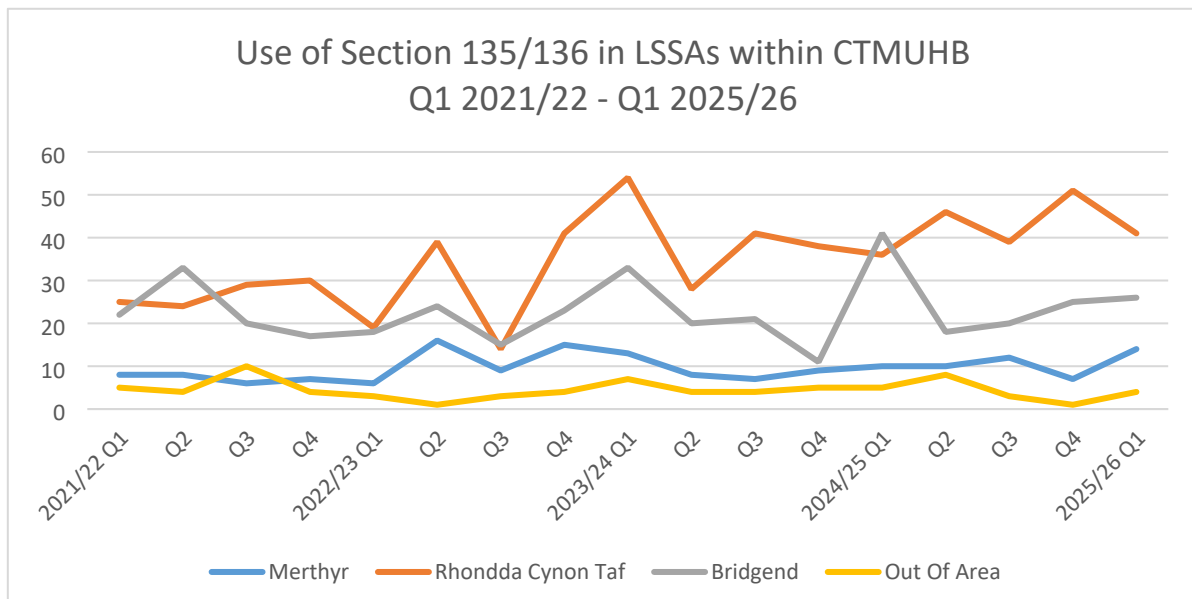




Table 5

Use of Section 135 and 136 by area for Q1 2025/26, also with mean.

Area	Mean 2021/25	Q1 2025/26
Merthyr	10	14
Rhondda Cynon Taf	35	41
Bridgend	24	26
Out of area	4	4
Total	73	85

The use of Sections 135/136 will continue to be monitored in the MHA Operational Group meeting and the Section 136 group meeting. In RCT 7 of the last 8 quarters have been above mean and this is not seen in other areas, in Merthyr there were only 2 and Bridgend 3 above their mean for the same period. This trend will be analysed and discussed and reported back to the Committee.

2.7 Current Challenges

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

The MHA office has been without a training budget since the outbreak of the Covid 19 pandemic in 2020. Prior to this, there was an annual joint training budget between health and the local authorities to accommodate MHA training with specialised lecturers. As social services now hold a separate budget to fund their own training, the MHA office are liaising with senior management to secure funding to provide an annual training programme for Health professionals and the Associate Hospital Managers. The business proposal highlights the requirement for the training as recommended in the Code of Practice for Wales;

1. 35 In order for staff to be able to fulfil their functions under the Act and comply with this Code they should receive adequate training. Whilst many of the skills and much of the knowledge will be part of professional staff's, initial, refresher and continuing development training, local health boards and local authorities must ensure their staff are competent to undertake their roles.

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



2.8 Errors and Breaches

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

Rectifiable Errors

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

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

The total number of minor errors across all services in Q1 was 7, compared to 8 found in Q4. All of which were rectified within the 14 -day time limit.

Table 6

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

Rectifiable Errors		YCC	RGH		Ty Llidiard	Angelton	
Responsible for Error	Forms	Ward 7	PICU	Ward 22	Enfys	Ward 2	Total
AMHP	HO2	1				1	2
AMHP	HO6				1		1
Doctor	HO3						0
Doctor	HO4						0
Doctor	HO8			1			1
Doctor or Nurse	HO12						0
Nurse	HO14		1		1	1	3
Other UHB	TC1						0
	Total	1	1	1	2	2	7

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

Fundamentally Defective

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

Examples include unsigned section papers, incorrect hospital details or the wrong form being used. Medical recommendations and applications that are not signed cannot be remedied under Section 15 and therefore render the detention invalid.

All breaches are reported via DATIX to enable monitoring and for training to be put in place as necessary.

There were 3 detentions found to be fundamentally defective during Q1 2025/26.

Invalid Section 2

The patient was detained under Section 2 in PICU, POW on in April 2025. When the detention paperwork was scanned across to the MHA team, it was noticed that one of the Doctor's medical recommendations on Form HO4 was missing.

The ward manager was contacted and provided reassurance that two medical recommendations had been completed. As part of the receipt and scrutiny process it was highlighted that the RC had failed to sign and date their Form HO4. This was immediately rectified by the RC, allowing the AMHP to submit their application for detention under S2.

As the ward staff did not keep a copy of the statutory detention forms on the ward, the MHA team had to wait until the original paperwork arrived via the internal mail in April 2025. This was attributed to the fact that the MHA office do not work Bank Holidays or during the weekend. As there was no written evidence to support the missing Form HO4, the MHA team advised the RC to immediately discharge the patient from Section 2 by completion of Form HO17.

The patient was further assessed and detained under Section 5(2) in April 2025, which was converted into Section 2 on the same date. The MHA office formally wrote to the patient to explain the administrative error and provide details of the current detention under Section 2.

The MHA manager contacted the AMHP, to re-iterate the importance of thoroughly checking the detention paperwork using the revised receipt & scrutiny checklist in the presence of the ward staff. The ward manager was asked to remind staff of the importance of taking photocopies of all detention paperwork. The RC completed an incident form to reflect the loss of highly sensitive patient information.

Invalid Section 2

The patient was detained under Section 2 on Ward 2 in Angelton Clinic in June 2025.

Upon receipt of the scanned copies of the detention paperwork, the MHA office noticed that one of the Doctor's medical recommendations on Form HO4 had not been signed and dated. This error cannot be rectified under Section 15, thus rendered the detention invalid.

The AMHP was informed of the error and the RC requested to formally discharge the patient by completion of Form HO17 in June 2025. Another MHA assessment was convened; patient further detained under Section 2 in June 2025.

The MHA office formally wrote to the patient to inform them of the error.

The MHA manager contacted the ward staff and AMHP to re-iterate the importance of thoroughly checking the detention paperwork using the revised receipt & scrutiny checklist and advised the ward to display the checklist for ease of reference.

Invalid Section 2.

The patient was detained under Section 2 on Ward 2 in Angelton Clinic in June 2025.

When the MHA office received scanned copies of the detention paperwork, they discovered that there was a potential conflict of interest with the Doctors who had completed the medical recommendations on the Form HO4s.

Under Chapter 39.8 of the Code of Practice for Wales, the Regulations state that when considering a patient, an assessor will have a potential conflict of interest for professional reasons if:

" the assessor works under the direction of, or is employed by, one of the others assessors considering the patient."

"the assessor is a member of a team organised to work together for clinical for clinical purposes on a routine basis of which the other two assessors are also members."

The RC was contacted and fully accepted, upon reflection, that as they line managed the other Doctor, it constituted a professional conflict of interest.

The AMHP was informed of the professional conflict of interest, which rendered the detention unlawful. The RC formally discharged the patient with completion of the Form HO17. The patient was re-detained under another Section 2 in June 2025. The MHA office formally wrote to the patient.

It was agreed that all professionals would be reminded of the importance of adhering to the Regulations and to accurately scrutinise detention paperwork and guidance provided on the receipt & scrutiny checklist. The MHA team would update their MHA training package to incorporate this issue.

The AMHP team lead in Bridgend has reinforced the need to be more vigilant when checking paperwork and to be mindful of the change of roles amongst s12 Doctors, which could lead to a conflict of interest.

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. It was agreed that the receipt & scrutiny checklist would be amended to include the necessity to take photocopies of detention paperwork, guidance on the conflict of interest regulations conflicts and the involvement of agency staff when receipting section papers.

On one occasion, the receipt and scrutiny checklist had been completed by an agency nurse. The introduction of an additional safeguard when the lead nurse is from agency staff is that they liaise with colleagues on neighbouring wards.

These changes would be communicated to the senior leadership teams within each Directorate.

The MHA team would make the necessary revisions to the receipt and scrutiny checklist, which would be reviewed at the next Operational Group meeting. In the meantime, staff would be made aware of the suggested changes.

To support the checklist, an additional document is to be devised by the MHA office, to provide 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	Data to Knowledge



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

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome: No equality issues of note	If no, please include rationale below: Not required for data reports. Confirmation received from equality team 19/11/24
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: Not required for data reports – confirmation received from Welsh Language Team 18/11/24
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau <i>(Pobl /Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

5.1 The MHA Monitoring Committee is asked to:

- Discuss and note the report.



Appendix 1.

Graph 1

Quarter 1 MHA Adult Activity 2025/26

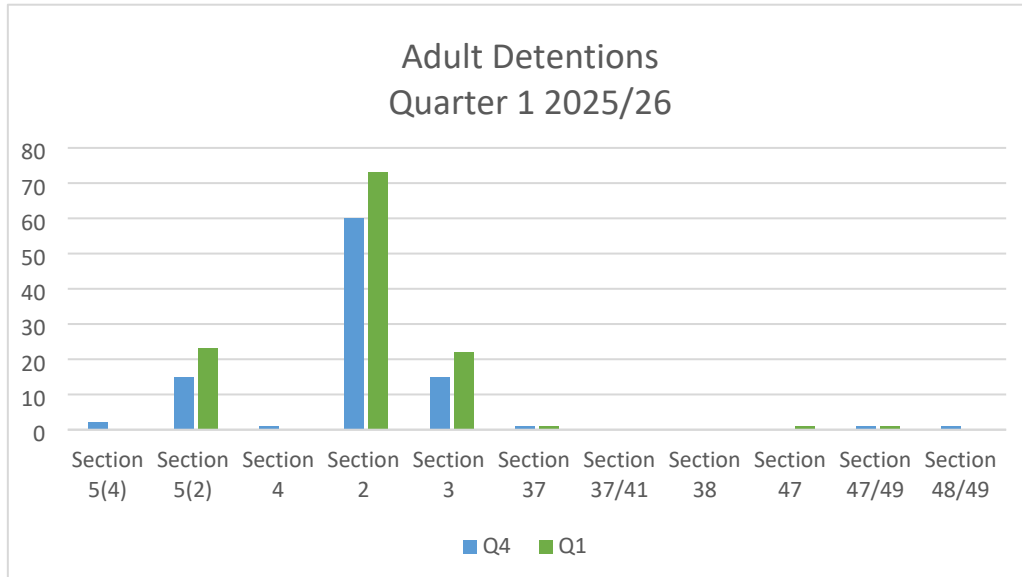


Table 1

Quarter 1 MHA Adult Activity 2025/26

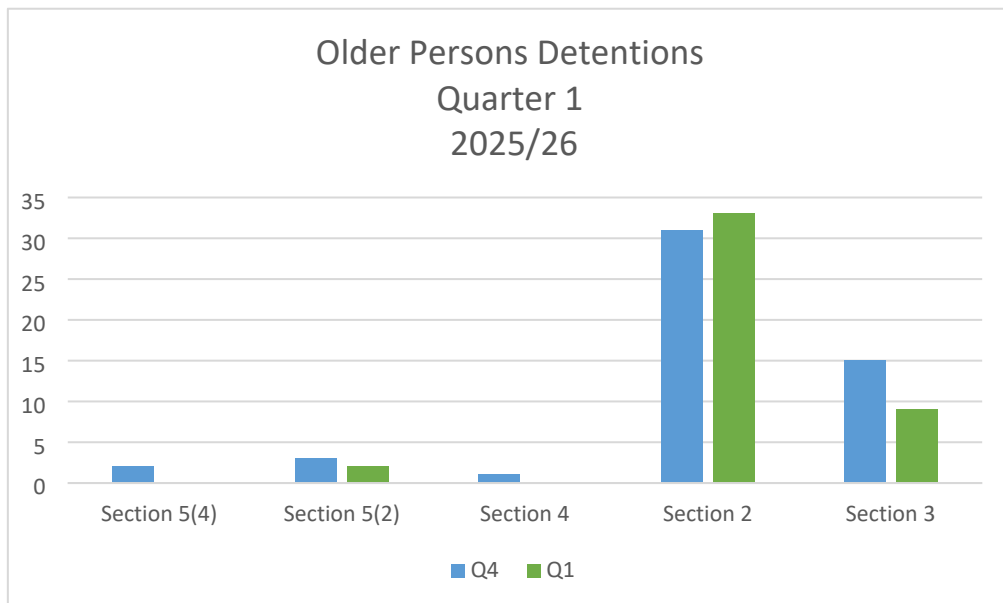
Section	Q4	% of total	Q1	% of total
Section 5(4)	2	2.08%	0	0.00%
Section 5(2)	15	15.63%	23	19.01%
Section 4	1	1.04%	0	0.00%
Section 2	60	62.50%	73	60.33%
Section 3	15	15.63%	22	18.18%
Section 37	1	1.04%	1	0.83%
Section 37/41	0	0.00%	0	0.00%
Section 38	0	0.00%	0	0.00%
Section 47	0	0.00%	1	0.83%
Section 47/49	1	1.04%	1	0.83%
Section 48/49	1	1.04%	0	0.00%
Section 35	0	0.00%	0	0.00%
Section 36	0	0.00%	0	0.00%
Total	96	100%	121	100%

**There were 10 out of area detentions in Q1*

Table 2 Number of Adult MHA detentions per locality

Area	Q4	Q1
Merthyr	10	17
Rhondda Cynon Taf	49	68
Bridgend	37	36
Out of area	8	10

Graph 2 Quarter 1 MHA Older Persons Activity 2025/26



**There were no out of area detentions in Q1*

Table 3 Quarter 1 MHA Older Persons Activity 2025/26

Section	Q4	% of total	Q1	% of total
Section 5(4)	2	3.85%	0	0.00%
Section 5(2)	3	5.77%	2	4.55%



Section 4	1	1.92%	0	0.00%
Section 2	31	59.62%	33	75.00%
Section 3	15	28.85%	9	20.45%
Section 37	0	0.00%	0	0.00%
Section 37/41	0	0.00%	0	0.00%
Section 38	0	0.00%	0	0.00%
Section 47	0	0.00%	0	0.00%
Section 47/49	0	0.00%	0	0.00%
Section 48/49	0	0.00%	0	0.00%
Section 35	0	0.00%	0	0.00%
Section 36	0	0.00%	0	0.00%
Total	52	100%	44	100%

Table 4 Number of Older Persons MHA detentions per locality

Area	Q4	Q1
Merthyr	12	7
Rhondda Cynon Taf	27	26
Bridgend	13	11
Out of area	0	0

Graph 3 Quarter 1 CAMHS Activity 2025/26

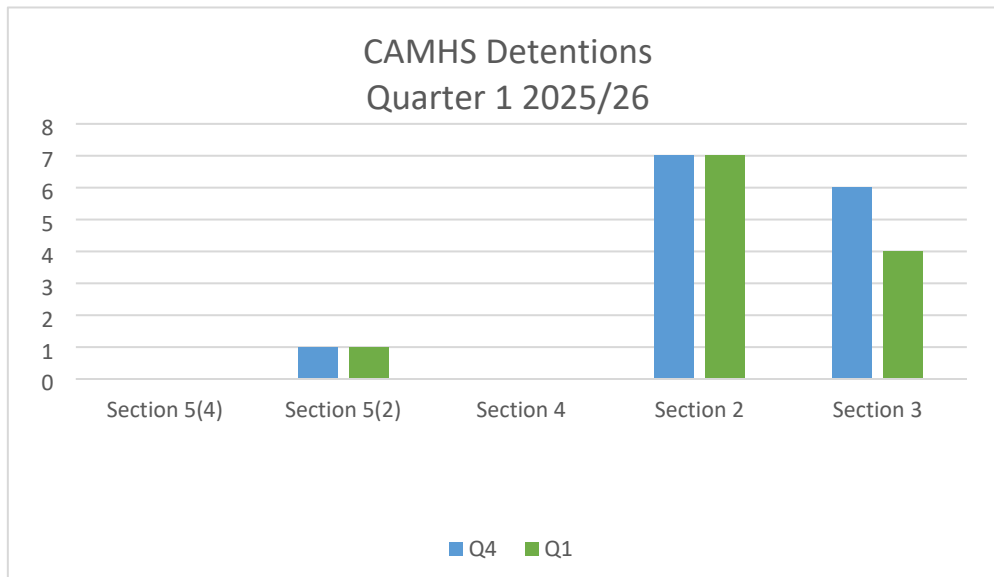


Table 5 Quarter 1 CAMHS Activity 2025/26

Section	Q4	% of total	Q1	% of total
Section 5(4)	0	0.00%	0	0.00%
Section 5(2)	1	7.14%	1	8.33%
Section 4	0	0.00%	0	0.00%
Section 2	7	50.00%	7	58.33%
Section 3	6	42.86%	4	33.33%
Section 37	0	0.00%	0	0.00%
Section 37/41	0	0.00%	0	0.00%
Section 38	0	0.00%	0	0.00%
Section 47	0	0.00%	0	0.00%
Section 47/49	0	0.00%	0	0.00%
Section 48/49	0	0.00%	0	0.00%
Section 35	0	0.00%	0	0.00%
Section 36	0	0.00%	0	0.00%
Total	14	100%	12	100%

Table 6 Number of CAMHS MHA detentions per locality

Health Board	Q4	Q1
Cwm Taf Morgannwg	4	3
Swansea Bay	0	3
Cardiff & Vale	8	3
Hywel Dda	0	2
Aneurin Bevan	2	1
Powys Teaching	0	0

USE OF SECTIONS AND OUTCOMES for Q1 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	Jan	Feb	Mar	Apr	May	Jun
Section 2	2	1	2	3	2	3
Section 3	2	3	2	1	1	3
Informal	3	2	4	1	4	5
Discharged	0	0	0	0	0	0
Lapsed	0	0	0	0	0	1
Invalid	0	0	0	0	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	Jan	Feb	Mar	Apr	May	Jun
Section 3	8	10	5	2	9	4
Informal	29	13	21	27	17	23
Discharged	4	5	7	11	8	13
Lapsed	0	1	0	0	1	0
Invalid	0	0	0	0	0	0
Transfer	0	0	0	1	1	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	Jan	Feb	Mar	Apr	May	Jun
Section 3 renewed	2	5	0	3	3	1
Informal	11	6	6	7	2	0
Discharged	4	4	5	5	3	3
Lapsed	1	0	0	0	0	0
Invalid	0	0	0	0	0	0
Transfer	0	0	1	1	0	3
CTO	0	1	0	0	2	0

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

Table 10

	Q4 2024/25	Q1 2025/26
Adult Detentions	85	106
Older Persons detentions	47	42
CAMHS detentions	13	11
TOTAL	145	159

SECTION LAPSING

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

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

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

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

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

There were 2 lapses of detentions in Q1.

❖ **Section 2**

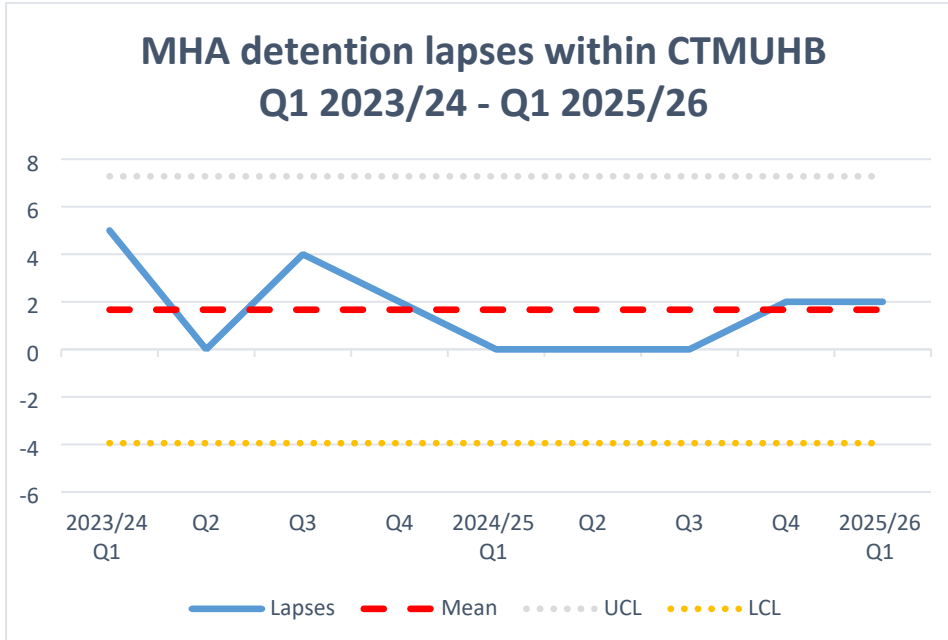
- The patient was detained under Section 2 on 24/06/2025 with any provider and transferred under Section 19 to Ty Llidiard on 13/05/2025.
- The detention was due to expire on 23/05/2025.
- In line with protocol, the MHA office emailed the ward and RC to advise of the expiry date of the Section 2.
- Patient agreed to stay on the ward as an informal patient but the RC failed to complete the discharge Form HO17, regarding the patient to informal status.
- The MHA office formally wrote to the patient informing them they were an informal patient on the ward.
- The MHA Manager escalated to senior management as a learning example.

❖ **Section 5(2)**

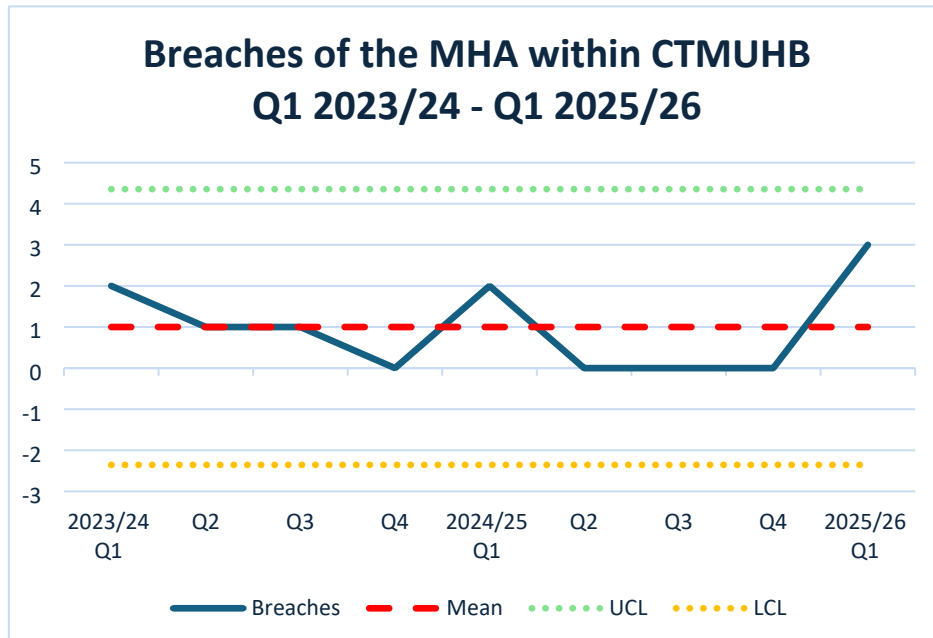
- The patient was placed on Section 5(2) on 24/06/2025 at 17:10 on the Admissions ward in RGH.
- On 25/06/2025, the patient went AWOL from the ward and taken to A&E following an incident.
- A Medical recommendation for Section 2 was completed but the AMHP could not secure a second Doctor.
- Section 5(2) lapsed at 17:09 on 27/06/2025
- Patient was informed by the MHA office that they were in hospital on a voluntary basis.



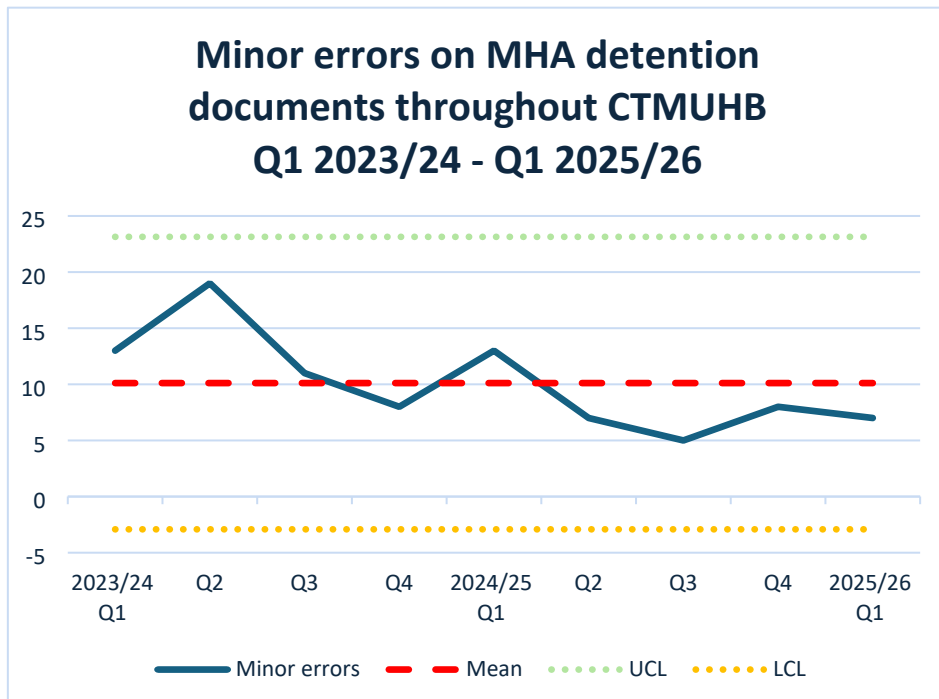
Graph 4- SPC: Lapses of MHA detentions within CTMUHB



Graph 5 – SPC: Breaches of the MHA within CTMUHB



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



TRANSFER BETWEEN HOSPITALS

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

Table 13

SECTION	Q4	Q1
Part 2 Patients to CTUHB	10	15
Part 3 patients to CTUHB	0	1
Part 2 patients from CTUHB	6	11
Part 3 patients from CTUHB	3	0
TOTAL	19	27



**COMMUNITY TREATMENT ORDER, Section 17A (CTO)
Q1 CTO Activity 2025/26**

Table 14

SECTION	Power	Q4	Q1
17A	Community Treatment Order made	2	5
	Community Treatment order extended	10	5
	Recalled to hospital and not revoked	1	3
	Recalled to hospital and revoked	0	2
	Discharged from CTO	3	1
	Transferred	0	0
	Other (Deceased)	0	0

Current CTO by area

Table 15

Area	Q4	Q1
Merthyr	0	2
Rhondda Cynon Taf	15	15
Bridgend	6	5
CAMHS	0	0
Out of area	0	0
Total	21	22

USE OF SECTION 135 AND SECTION 136

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

Section 135

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

Table 16

Section 135 of the Mental Health Act	Q4	Q1
Assessed and admitted informally	1	0
Assessed and discharged	1	0
Assessed and detained under Section 2	2	6



Assessed and detained under Section 4	0	0
Assessed and detained under Section 3	3	1
Recalled from Community Treatment Order	1	2
TOTAL	8	9

Section 136

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

Table 17

Section 136 of the Mental Health Act	Q4	Q1
Assessed and admitted informally	2	6
Assessed and detained under Section 2	20	20
Assessed and detained under Section 4	0	0
Assessed and detained under Section 3	0	0
Discharged with no follow up required	11	18
Discharged referred to community services	45	41
Section 136 lapsed	0	0
Other /(Recall from CTO)/ or transfer	0	0
TOTAL	78	85

HOSPITAL MANAGERS HEARINGS

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

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

Table 18

Hospital Managers Hearings	Q4	Q1
Number of Hearings held	16	16



Number of Referrals by Hospital Managers	15	13
Number of Appeals to Hospital Managers	0	2
Number of Detentions upheld by Hospital Managers	16	14
Number of detentions discharged by Hospital Managers	0	0
Number of patients discharged by RC prior to Hearing	4	1

Q1:

- 2 hearings adjourned due to lack of clarity around whether patient wanted legal representation
- 8 postponed for the following reasons:
 - ❖ 1 Legal rep not available
 - ❖ 2 unable to obtain a panel
 - ❖ 1 MHRT same day
 - ❖ 1 RC sick
 - ❖ 1 RC stuck in traffic
 - ❖ 1 RC unable to attend
 - ❖ 1 RC on leave and did not submit report prior

TRIBUNAL HEARINGS

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

Table 19

MHRT Hearings	Q4	Q1
Number of Hearings held	26	31
Number of Referrals by Hospital Managers	8	17
Number of referrals by Ministry of Justice	0	0
Number of referrals by Welsh Ministers	0	3
Number of Appeals to MHRT	57	54
Number of Detentions upheld by MHRT	20	24
Number of detentions discharged by MHRT	2	2
Number of Hearings adjourned/postponed	6	9
Number of Hearings cancelled by patient	9	7
Number of patients transferred to another Health Board prior to Hearing	2	1
Number of patients discharged by RC prior to Hearing	24	18



OTHER ACTIVITY

Death of a Detained Patient

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

Q1: There were no instances of deaths of detained patients during this quarter.

Consent to Treatment

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

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 20

Use of urgent treatment Forms	Jan	Feb	Mar	Apr	May	Jun	Total
	25	25	25	25	25	25	
Section 62	1	5	8	4	3	3	24
Section 64	1	0	1	0	0	0	2
Total	2	5	9	4	3	3	26



Table 21

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

Hospital	Ward	Jan	Feb	Mar	Apr	May	Jun	Total
POW	PICU			3	1		1	5
	14			2			1	3
RGH	St David's							0
	22							0
	21		2					2
	PICU				1			1
	Admissions				1			1
	Seren		1			2		3
YGT	SRU		1		1	1	1	4
Pinewood	Pinewood	1	1	1				3
Ty Lliard	Enfys			1				1
Angelton	Ward 2			1				1
Total		1	5	8	4	3	3	24

EXAMPLES OF GOOD PRACTICE

The HIW report published in May 25 from a visit to Ward 7 in YCC on 27-29 January 2025 highlighted very positive feedback on compliance with the administration of the MHA 1983.

“The Mental Health Act administrator runs an efficient and effective system to support the implementation monitoring and review of the legal requirements of the mental health act.

The MHA administrative team attended all wards in the health board on a rota basis and deliver training sessions in areas identified by the team as requiring a more in-depth training programme. Staff reported very positively about the ward-based training.”

Progress is well underway with a single electronic record.

During July, the MHA team have been involved in two supplier demonstrations to evaluate the functionality and usability of the Mental Health Act sections of the systems. The next stage in the process is to join virtual sites meetings to see the functions of the MHA administrative system to ensure it meets the statutory requirements of the MHA 1983.



Appendix 2

MENTAL HEALTH ACT (1983)

GLOSSARY OF TERMS

SUMMARY OF COMMON SECTIONS OF THE MENTAL HEALTH ACT 1983

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



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



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



Agenda Item

5.4

Mental Health Act Monitoring Committee

Risks related to the use of the Mental Health Act

Dyddiad y Cyfarfod / Date of Meeting	20/08/2025
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Lloyd Griffiths, Head of MHLN Nursing
Cyflwynydd yr Adroddiad / Report Presenter	Julie Denley Deputy Chief Operating Officer
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gethin Hughes, Chief Operating Officer

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

Acronyms / Glossary of Terms	
CTMUHB	Cwm Taf Morgannwg University Health Board
LA	Local Authority
MHA	Mental Health Act
MHRT	Mental Health Review Tribunal
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 quarter 1 (April – June 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 increase in the use of the MHA in quarter. The increase is across the board but Adult detentions have increased by 26% from the previous quarter. The Operational Group continue to monitor themes and trends.
- 2.2 The number of minor errors this quarter was 7, down from 8 in Q4 and remains within the mean.
- 2.3 It was disappointing that after 3 consecutive quarters with no fundamental breaches, 3 occurred in Q1. The Operational Group will closely monitor these breaches to ensure that lessons are learnt and future breaches are avoided.
- 2.4 The proposed introduction of a quarterly governance forum for all medical staff which could focus on a range of issues such as mortality reviews and Mental Health Act breaches is a positive development.

3. RCRP update

- 3.1 The impact of RCRP is highlighted on the Corporate Risk Register with a current score of 16.
- 3.2 RCRP was being implemented by SWP in 4 stages;
- Phase 1 Concerns for Welfare – commenced 26/02/2024
 - Phase 2 AWOL and Walk out of healthcare facilities - commenced 26/02/2024
 - Phase 3 Transportation and Phase 4 S136 commenced 10/03/2025
- 3.3 SWP are the first Police force in Wales to go live with Phases 3 + 4.
- 3.4 A CTMUHB wide RCRP group, chaired by the MHLD Director of Nursing continues to meet monthly to monitor the impact of RCRP.



- 3.5 The Operational Group continue to monitor patient and police waiting times for Section 136. Information is being provided on waiting times within individual Emergency Departments and Places of Safety to help understand any local variations.
- 3.6 At present, in the absence of timely transportation alternatives SWP are continuing to transport.
- 3.7 No significant issues or incidents with Phases 3 + 4 have been raised within CTMUHB.
- 3.8 The Care Group facilitated a meeting with NHS Wales performance and improvement department on 5th August 2025 part of an All-Wales initiative to share learning on the use of S135/136. This meeting included representatives from SWP and the 3 LAs.

4. Risks / Matters for Escalation

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

5. Assessment

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



(Duty of Quality Statutory Guidance (gov.wales))	
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: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	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: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below:
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau (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

(Agenda Item 5.5)	20 August 2025	Mental Health Act Monitoring Committee	Mental Health Strategic Developments in Wales
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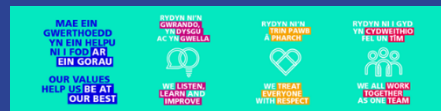
Report Details:		Impact Assessment:	
FOI Status:	Open (Public)	Indicate the Quality / Safety / Patient Experience Implications:	Strategic developments will be progressed to enhance quality and patient experience outcomes.
If closed please indicate reason:	N/A	Related Health and Care Standard	Governance, Leadership & Accountability, Safe Care
Prepared By:	Ana Llewellyn, Nurse Director	Has an EQIA been undertaken?	No – the Health Board has not completed EQIA as yet as this is an update on developments underway
Presented By:	Clare Williams, Service Director, MH & Learning disabilities	Are there any Legal Implications /Impact.	Yes - this update is about strategic developments and service updates which may have a bearing on the Mental Health Act.
Approving Executive Sponsor:	Gethin Hughes, Chief Operating Officer	Are there any resource (capital/Revenue/Workforce Implications / Impact?	It is likely that strategic developments will have resource implications – not clearly determined as yet
Report Purpose	For Noting	Link to Strategic Goals	Improving Care
Engagement undertaken to date:	No specification engagement undertaken		



Mental Health Strategic Developments in Wales

Clare Williams/Ana Llewellyn

Mental Health Act Monitoring Committee May 2025



National Strategic Developments

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



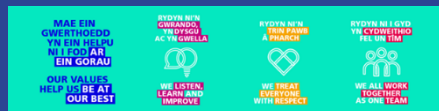
GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

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



CTM 2030
Our Health
Our Future
BUILDING HEALTHIER
COMMUNITIES TOGETHER



CREATING
HEALTH



IMPROVING
CARE



INSPIRING
PEOPLE



SUSTAINING
OUR FUTURE

ctmuhb.nhs.wales

78/109

Mental Health Act Reform

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



CTM Right Care Right Person Plan

*Not just MHL

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

Mental Health Care Group: Improving Care Focus

Service change with Care Group Leadership Representative:

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

Planning: WG Assessment of Fragile Services

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



Recommendation:

The Committee is asked to:

- Note the update





5.6	20.08.25	Mental Health Act Monitoring Committee Meeting	Strategic Update – Local Authority Update
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Report Details:	
FOI Status:	Open (Public)
If closed please indicate reason:	Not applicable
Prepared By: <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Kate Riley, Head of Service RCT
Presented By: <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Kate Riley, Head of Service RCT
Approving Executive Sponsor:	Chief Operating Officer
Report Purpose	For Noting
Engagement undertaken to date:	Not applicable

Impact Assessment:	
Indicate the Quality / Safety / Patient Experience Implications:	Not applicable
Related Health and Care Standard	Safe care
Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	No Information only
Are there any Legal Implications /Impact.	No
Are there any resource (capital/Revenue/Workforce Implications / Impact?	No If Yes please include brief detail.
Link to Strategic Goals	Please Select: Sustaining Our Future Inspiring People Improving Care Creating Health



RCT, Merthyr and Bridgend Strategic Update

Place of Safety

- From 1st September 2025 the Prince Charles Hospital (PCH) Place of Safety Suite will be temporarily closed.
- Initially for a 3-month period
- Royal Glamorgan Place of Safety to be used
- Memorandum of Understanding between Merthyr Local Authority and RCT Local Authority approved
- Suggested review of data following the 3-month period for themes and issues arising

AMHP Community Manager

- New role funded by Social Care Wales
- Coordinating a national group for AMHPs and a national voice
- Driver for change with for example:
 - Proposed legislative changes
 - Guidance and policy
 - New innovations such as S.12 Approved Doctors App



Recommendation

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

Next Steps



Agenda Item

5.7

Mental Health Act Monitoring Committee

Hospital Managers Power of Discharge Sub Committee

Dyddiad y Cyfarfod / Date of Meeting	20/08/2025	
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	23/07/2025	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



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

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 23/07/2025. The meeting was attended by 6 Associate Hospital Managers together with representation from the MHA team and the Mental Health & Learning Disabilities Care Group. This was the second 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. The new Vice Chair presented a detailed background of her experience and shared her passion for providing excellent services for the people of CTMUHB.

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 Managers 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 Q4 (January-March 2025) and Q1(April- June 2025).

The Group considered the Hospital Managers activity report for Q4(January - March 2025 and Q1 (April- June 2025), which is shown in the table below:

Table 1:

Hospital Managers Hearings	Q4	Q1
Number of Hearings held	16	16
Number of Referrals by Hospital Managers	15	13
Number of Appeals to Hospital Managers	0	2
Number of Detentions upheld by Hospital Managers	16	14
Number of detentions discharged by Hospital Managers	0	0
Number of patients discharged by RC prior to Hearing (Cancelled hearings)	4	1

During Q1, 8 Hospital Managers Hearings were postponed for the following reasons:

- ❖ 1 Legal representative not available
- ❖ 2 unable to obtain a panel
- ❖ 1 MHRT same day
- ❖ 1 RC sick
- ❖ 1 RC stuck in traffic
- ❖ 1 RC unable to attend
- ❖ 1 RC on annual leave and did not submit report prior to the hearing.

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.

It was also noted that 1 hearing was postponed as no confirmation had been received of a patient's request to be legally represented.

As part of the hearing process, the MHA team write to members of the multi - disciplinary team to confirm with the patient if they are requesting legal representation. On this one occasion, it was understood that the request was made but the information was not passed onto the MHA office. It was agreed that the MHA team would circulate a reminder to the care team in connection with this.

2.3 Terms of Reference and Operating Arrangements.

The Group agreed to propose some minor amendments to the Terms of Reference, to include the appointment of the Vice Chair and confirmation of the quorum arrangements, which required the attendance of one third of Associate Hospital Manager Members. A revision to the current Hospital Managers Hearing proforma was also agreed.

This would provide clearer guidance for the Chair in connection with urgent matters arising at the hearings that required escalation. The Group agreed to discuss the revised Terms of Reference at the next meeting in October.

2.4 Issues from Hospital Managers hearings.

One of the Hospital Managers discussed a hearing in Royal Glamorgan Hospital, in which a capacious patient had requested legal representation. As ward staff had not actioned the patient's request and the patient was contesting their detention under the Act, the panel had no alternative than to postpone the hearing.

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. It was suggested that the MHA office contacts the Chair, either by telephone or in person half an hour before the start of the meeting. Information of the names of those attending and if the patient was objecting could be conveyed at this time.

One of the Hospital Managers discussed the attendance of an interpreter at a team's hearing and thought it would be beneficial to both the patient and panel if the meeting was conducted face- to -face. It was agreed that if a patient with capacity had requested the meeting takes place on teams their wishes should be respected.

The Group deliberated over an issue raised at the previous meeting in relation to potential greater use of the MHA in Older Person services. It was confirmed that some recent caselaw had led to some restrictions in the way DoLS could be applied. This was likely to lead to a greater use of the MHA.

2.5 Hospital Managers Annual Appraisals

The Group acknowledged that the next round of annual appraisals was due to commence in September. 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.

The Mental Health & Learning Disability Care Group were considering a proposal for a dedicated training programme. This is supported by Chapter 1.35 of the Code of Practice for Wales,

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

Following a discussion by the Group about the most appropriate way of delivering MHA training, it was confirmed that training topics would be arranged at the start of the next three Power of Discharge Sub Committee meetings. The proposals included training on; trauma pathways, dementia in Older Persons and trans gender issues.

2.7 Recruitment of Associate Hospital Managers.

The Group were informed that there are currently 9 active Associate Members conducting Hospital Managers Hearings. There had been a positive response to the recruitment campaign, with interviews already arranged for 4 of the candidates in August and the remaining 4 being organised for September.

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 <i>(Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) /</i> Link to Enablers of Quality	Data to Knowledge
	If more than one applies please list below:



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

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: To be included in work plan for the Operational Group.
Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: Not required for data reports- confirmation received from Welsh Language Team 18/11/24
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i>		
Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>		
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	There is no direct impact on resources as a result of the activity outlined in this report.	



<p><i>(Pobl /Ariannol) /</i> Resource Impact <i>(People / Financial)</i></p>	
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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.

Unapproved Minutes of the Mental Health Act Monitoring Committee

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

Members Present	Geraint Hopkins	Vice Chair of Committee
	Helen Lentle	Independent Member
	Hayley Proctor	Independent Member
In Attendance	Julie Denley	Executive Director of Primary Care, Community & Mental Health
	Robert Goodwin	Directorate Manager, CAHMS and specialist services.
	Clare Williams	Service Director Mental Health and Learning Disabilities
	Kate Riley	Local Authority Representative RCTCBC
	Angela Edevane	Local Authority Representative MTCBC
	Alyson Jones	Local Authority Representative MTCBC
	Emma Walters	Head of Corporate Governance & Board Business
	Tyler Lewis	Corporate Governance Officer (Committee Secretariat)

Agenda Item	Meeting Business
1.	PRELIMINARY MATTERS
1.1	Welcome and Introductions
	The Committee Chair welcomed everyone to the meeting, particularly those joining for the first time, those observing, and colleagues joining for specific agenda items. The format of the proceedings in its virtual form was also noted.
1.2	Apologies for Absence
	Apologies were received from: <ul style="list-style-type: none"> • Kath Palmer - Chair of Committee / Vice Chair of Board • Ana Llewellyn – Nurse Director, Mental Health & LD • Alexandra Beckham – RCTCBC • Gethin Hughes, Chief Operating Officer



1.3	Declarations of Interest
	There were no declarations raised.
2.	CONSENT AGENDA BUSINESS
	The Chair reminded Members that the agenda had been reformatted to include consent agenda items at the end of the agenda and queried whether there were any items from the Consent Agenda (Item 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
	Members received and noted the action log.
Resolution	The Action Log was NOTED .
3.2	Matters Arising not contained within the Action Log
Resolution	There were no matters raised.
3.3	Committee Annual Report
	The Committee Vice Chair presented the committee's annual report, expressing gratitude to committee members for their work.
Resolution	The Committee ENDORSED the report for Board APPROVAL
3.4	Annual Self-Assessment
	E. Walters presented the outcome of the annual self-assessment, highlighting the positive feedback and areas for improvement.
	In response to a query raised by H. Proctor in relation to ongoing training plans for Committee Members,
	E. Walters advised that training is a recurring theme in self-assessment surveys and provided assurance that training needs was in the process of being considered by the Corporate Governance Senior Leadership Team.
	J. Denley emphasised the need to address training needs and suggested seeking clarity from members about the specific training requirements they may find helpful. J Denley added that understanding mental health topics often requires specialised knowledge, which some experienced professionals might overlook, and suggested that identifying key areas from the operational report to include in future training plans may be helpful.
	Members welcomed the suggestion made to consider holding face-to-face meetings to enhance relationships and provide development opportunities and noted this would be explored further by the Corporate Governance Team
Action	The Corporate Governance Team to source a venue for the next Committee Meeting to be held in person.
4.	RISK MANAGEMENT ACTIVITY



4.1	<p>Organisational Risk Register</p> <p>E. Walters presented the Organisational Risk Register report, highlighting the key points for Members attention.</p> <p>H. Proctor raised a query regarding risk 5646 in relation to the Right Care, Right Person initiative, noting that it had remained a top priority for the care group, and sought clarity as to whether the group continued to meet and if work was ongoing given that no meetings had been held since February 2025.</p> <p>C. Williams advised that whilst meetings were still regularly scheduled, some meetings had been rescheduled due to sickness and annual leave and added that opportunities for updates were still being provided even though meetings had been stood down.</p>
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Resolution	The Committee REVIEWED and NOTED the Organisational Risk Register.
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5. IMPROVING CARE

5.1	<p>Deep Dive Spotlight – Older Persons Mental Health Detentions within RCT Area</p> <p>R. Goodwin presented a deep dive on older person's mental health detentions within RCT, using statistical process control charts. He advised the analysis showed stable detention levels, with a spike in Q1 that was investigated and found to be within normal limits.</p> <p>The Committee Vice Chair extended his thanks to R Goodwin for the comprehensive report and noted that the deep dive had provided valuable assurance to the Committee.</p> <p>H. Lentle agreed with the Committee Vice Chair's comments, noting the report's clarity and the reassurance it provided. H. Lentle also inquired about the specific areas of focus for independent members in the future.</p> <p>C. Williams began by welcoming the committee's request to receive the data and emphasised the growing understanding of statistical process control charts (SPC) charts among members. C Williams demonstrated the value of these charts which provided assurance and indicated no immediate concerns. C. Williams noted that the charts effectively showcased opportunities to analyse the data and further explained the process behind statistical process control charts for the committee's benefit.</p> <p>In response to a query raised by the Committee Vice Chair, C Williams provided confirmation that based on the systems current parameters, the thresholds for detentions remained within their normal limits. In response to concerns raised by H. Lentle regarding retrospective data measurement and its implications if a breach occurred, R. Goodwin provided assurance that the system would flag any significant issues in real time.</p> <p>J. Denley provided assurance on the operational group's capacity to conduct rolling deep dives and highlighted confidence in its ability to address unmet needs, particularly for older adults requiring specialised care.</p>
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	<p>K. Riley noted that the care group was actively reviewing needs and providing reassurance on the system's reporting.</p> <p>A. Jones emphasised challenges faced by independent residential homes, including a lack of elderly mentally infirm (EMIs) placements and staffing for complex care needs.</p> <p>J. Denley suggested tracking unmet needs through the Primary Community Care Group and exploring opportunities to improve end-of-life care, particularly for those in residential homes, to better address complex cases and avoid leaving care homes to manage these situations independently.</p> <p>R. Goodwin expressed his support for the promotion of non-NHS development and advised that Healthcare Inspectorate Wales (HIW) is responsible for this type of data and suggested that it may be useful to contact them to gather information on these developments.</p>
Resolution	The Committee NOTED the report.
5.2	MHA Operational Group Report
	<p>R. Goodwin provided the operational report, covering various topics such as police waiting times, secure transport arrangements, and the use of doctors' holding powers. R Goodwin also highlighted the positive feedback from Health Inspectorate Wales and the ongoing work on Section 117 aftercare.</p> <p>G. Hopkins reported that the issue related to Section 136 assessments had been escalated to the board during the previous meeting and noted that continued monitoring of the matter was observed.</p> <p>In response to a query raised by H. Lentle in relation to the timeline for the place of safety at PCH, R. Goodwin advised that the matter was presently with Capital Estates and added that he would provide progress updates at future meetings as and when available. C Williams added that following the approval of capital funding, a site visit to Prince Charles Hospital was being undertaken within the next few days to review the works required and added that she would seek to obtain timelines for completion during this visit.</p> <p>A. Edevane highlighted the importance of involving the local authority in the planning and arrangements for the initiative, which she stated would be helpful.</p>
Resolution	The Operational Group Report was NOTED .
5.3	MHA Quarterly Activity Report – Breaches / Analysis of Unlawful Detentions
	<p>R. Goodwin presented the quarterly activity report, noting a reduction in adult detentions and the use of doctors' and nursing holding powers. R Goodwin also covered the use of the adolescent bed, lapses in sections, and the positive feedback from Health Inspectorate Wales.</p>



	The Committee Vice Chair addressed the transition from Child and Adolescent Mental Health Services (CAHMS) to adult services and requested that any fundamental issues identified in this process be brought to the Committee's attention.
Resolution	The Report was DISCUSSED and NOTED .
5.4	Risks Relating to Monitoring of the MHA
	J. Denley discussed the risks relating to the monitoring of the Act, highlighting the challenges with medical staffing and the need for a national transport solution and agreed the Mental Health Act team would monitor these risks and escalate any issues as needed. Members were provided with an update on the rollout of Section 3, "Right Care, Right Person," and noted that the implementation of Phase 3 had progressed at a slower pace due to service pressures. Members noted that the Care Group had been actively monitoring the issues, which were also being addressed at a national level. This included considerations for a national transport solution, and it was noted that if the ambulance or police service defaulted, transport had to be arranged through private payment.
Resolution	The Committee NOTED the report.
5.5	Mental Health Strategic Developments in Wales C. Williams advised that in the absence of the report presenter, this report would be presented to the next meeting.
Resolution	The Committee NOTED the report.
5.6	Strategic Update from Local Authority Partners – Verbal Update
	K. Riley presented the combined report from the three local authorities, highlighting key themes such as the change in recording systems, issues with police support, and concerns about the proposed changes in the mental health bill.
Resolution	The Committee NOTED the updates.
6.	CONSENT AGENDA
6.1	FOR APPROVAL
6.1.1.	Unconfirmed Minutes of the Meeting held on 19 February 2024
Resolution	The minutes were approved as a true record.
6.2	ITEMS FOR NOTING
6.2.1.	Forward Work Plan J. Denley advised a deep dive into section 135 would be presented to the next Committee Meeting and suggested that the items for the forward plan should be reviewed, and the programme for the following 12 months should be set.
Resolution	The Forward Work Plan was NOTED .
Action	Prepare a deep dive analysis on Section 135 for the next committee meeting, including the use of statistical process control charts.



	Directorate Manager, CAHMS and specialist services to Collaborate with the Corporate Governance Team to set the forward work plan for the next 12 months, identifying key areas for deep dives and audits
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. There were no items for escalation on this occasion.
7.2	Any Other Business
	The Committee extended their best wishes to A. Edevane, who was attending her final Committee Meeting before retirement. Members expressed their gratitude for her contributions and services, wishing her well for the future.
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.
8.	DATE AND TIME OF NEXT MEETING
8.1	20 August 2025 at 13:00pm

Unapproved Minutes of the Mental Health Act Monitoring IN-Committee

Date and Time of Meeting	13 May 2025 at 14:30pm
Venue	Virtual via Microsoft Teams

Members Present	Geraint Hopkins	Vice Chair of Committee
	Helen Lentle	Independent Member
	Hayley Proctor	Independent Member
In Attendance	Julie Denley	Executive Director of Primary Care, Community & Mental Health
	Robert Goodwin	Directorate Manager, CAHMS and specialist services.
	Clare Williams	Service Director Mental Health and Learning Disabilities
	Emma Walters	Head of Corporate Governance & Board Business
	Tyler Lewis	Corporate Governance Officer (Committee Secretariat)

Agenda Item	Meeting Business
1.	PRELIMINARY MATTERS
1.1	Welcome and Introductions
	The Committee Chair welcomed everyone to the meeting, particularly those joining for the first time, those observing, and colleagues joining for specific agenda items. The format of the proceedings in its virtual form was also noted.
1.2	Apologies for Absence
	Apologies were received from: <ul style="list-style-type: none"> • Kath Palmer, Chair of Committee/Vice Chair of Board • Ana Llewellyn, Nurse Director, Mental Health & LD • Gethin Hughes, Chief Operating Officer.
1.3	Declarations of Interest
	There were no declarations raised.
2.	MAIN AGENDA
2.1	HOSPITAL MANAGERS POWER OF DISCHARGE COMMITTEE HIGHLIGHT REPORT



	The committee discussed governance arrangements, emphasising the need for a Vice Chair role, and reviewed recent hospital manager activities, including hearings, training needs, and fee structures. Delays in fee reviews caused by the pandemic were addressed, with recommendations planned for submission to the Mental Health Act Monitoring Committee. National NHS Wales work on fee standardisation and further governance clarification were flagged for monitoring, with follow-up meetings scheduled.
Action	Review governance arrangements to consider the establishment of a Vice Chair role for enhanced oversight.
Resolution	The Committee NOTED the report
	DATE AND TIME OF NEXT MEETING
3.1	20 August 2025



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

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

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

Date of Request	Origin of Request	Requestor	Item Summary / Title	Nature of Request	Lead Officer	Executive Lead	Intended Meeting Date	Status
May 2025	Mental Health Act Monitoring Committee	Committee	5.6. Strategic Developments in Wales	Defer to August Committee Meeting	<i>Nurse Director Mental Health and Learning Disabilities</i>	Gethin Hughes, Chief Operating Officer	August 2025	This item was postponed from the May Committee meeting to the August Committee meeting.
June 2024	Mental Health Act Monitoring Committee	Committee	Deep Dive - Section 135 – Use and Code of Practice Compliance in CTM	Deferred from February Meeting	Chair MHA Operational Group	Gethin Hughes, Chief Operating Officer	August 2025	This item is on the agenda for the May 2025 meeting – it was suggested this item be moved to the August Committee – On agenda
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

COMPLETED ITEMS:

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

6.2.2

Mental Health Act Monitoring Committee

Committee Annual Cycle of Business 2025

Dyddiad y Cyfarfod / Date of Meeting	20/08/2025
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
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
(Insert Details)	Click or tap to enter a date.	

Acronyms / Glossary of Terms	



1. Situation /Background

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

2. Specific Matters for Consideration

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

3. Key Risks / Matters for Escalation

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

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM /Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM /Link to CTMUHB Strategic Areas	Not Applicable
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (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 <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: Not required
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: Not required
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau <i>(Pobl /Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	

5. Recommendation

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

6. Next Steps

6.1 There are no next steps required.



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

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

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

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

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

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

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

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

Items of Business	Executive Lead / Or External Representative	Reporting Frequency	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Consent Agenda	Main Agenda
Governance & Assurance Cont.																
14. Strategic Update from Local Authority Partners (Based on the identification of the key challenges / strategic areas in relation to Mental Health.	Local Authority Partner's	All Regular Meetings		R			R			R			R		X	R
15. Highlight Report from the Provision of Discharge Sub Committee	Julie Denley, Deputy Chief Operating Officer (Mental Health, Primary Care and Community)	All Regular Meetings (if available)					R			R			R		X	R
16. Mental Health Strategic Developments in Wales	Julie Denley, Deputy Chief Operating Officer (Mental Health, Primary Care and Community) / Clinical Service Group Manager MH Care Group	Six Monthly					R Defer to Aug 25			R			R		X	R