

# Mental Health Act Monitoring Committee

Wed 25 February 2026, 14:00 - 16:00

Virtual Via Teams



## Agenda

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### 14:00 - 14:05 **1. PRELIMINARY MATTERS** 5 min

#### 1.1. Welcome and Introductions

*Kath Palmer, Committee Chair*

#### 1.2. Apologies for Absence

*Information Kath Palmer, Committee Chair*

#### 1.3. Declarations of Interest

*Information Kath Palmer, Committee Chair*

### 14:05 - 14:10 **2. CONSENT AGENDA BUSINESS** 5 min

*Kath Palmer, Committee Chair*

The Committee Chair will ask if there are any items from the Consent Agenda (Section 7) that Committee Members wish to bring forward to the main agenda for discussion

### 14:10 - 14:20 **3. MAIN AGENDA** 10 min

#### 3.1. Action Log

*Discussion Kath Palmer, Committee Chair*

 3.1. Action Log MHAMC 25th February 2026 v1.pdf (3 pages)

#### 3.2. Matters Arising not contained within the Action Log

*Discussion Kath Palmer, Committee Chair*

### 14:20 - 14:40 **4. RISK MANAGEMENT / COMMITTEE GOVERNANCE ASSURANCE** 20 min

#### 4.1. Organisational Risk Register

*Discussion Emma Walters, Head of Corporate Governance & Board Business*

 4.1a Org RR Jan 26 - MHAMC CP.pdf (5 pages)

 4.1b App 1 - Org RR Jan 26 - MHAMC.pdf (1 pages)

#### 4.2. Committee Annual Cycle of Business 2026

*Decision Emma Walters, Head of Corporate Governance & Board Business*

 4.2 MHAMC Cycle of Business 2026 25 February 2026.pdf (5 pages)

14:40 - 15:35  
55 min

## 5. IMPROVING CARE


### 5.1. Deep Dive Spotlight: Deep Dive into Adult Detentions

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

 5.1 Deep dive Use of Mental Health Act in Adult Services.pdf (21 pages)

### 5.2. MHA Operational Group Update Report

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

 5.2 MHA operational group report for MHAMC meeting.pdf (17 pages)

### 5.3. MHA Quarterly Activity Report / Analysis of Unlawful Detentions

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

 5.3 MHA activity report Q3 25-26 MHAMC 25 February 2026.pdf (30 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 Q3 2026.pdf (5 pages)

### 5.5. Highlight Report from the Provision of Discharge Sub Committee

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

 5.5 POD report Q3 Oct -Dec 25 MHAMC 25 February 2026.pdf (8 pages)

15:35 - 15:45  
10 min

## 6. CREATING HEALTH

### 6.1. Strategic Update from South Wales Police

*Discussion* SWP Colleagues

There is no update from South Wales Police on this occasion

### 6.2. Strategic Update from Local Authority Partners

*Discussion* Local Authority Partners

There is no update from the Local Authority Partners on this occasion

15:45 - 15:50  
5 min

## 7. CONSENT AGENDA

### 7.1. Items for Approval

#### 7.1.1. Unconfirmed Minutes of the Meeting held on 4th December 2025

*Decision* Kath Palmer, Committee Chair

 7.1.1 Unconfirmed Minutes 4.12.25 MHAMC 25 February 2026 v2.pdf (7 pages)

### 7.2. Items for Noting

#### 7.2.1. Committee Forward Work Plan

*Information* Kath Palmer, Committee Chair

**15:50 - 15:55 8. CLOSE OUT BUSINESS**

5 min

**8.1. Committee Highlight Report**

*Discussion Kath Palmer, Committee Chair*

**8.2. Any Other Urgent Business**

*Discussion Kath Palmer, Committee Chair*

**8.3. 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?

**15:55 - 16:00 9. DATE AND TIME OF NEXT MEETING**

5 min

*Kath Palmer, Committee Chair*

27th May 2026 at 14:00 pm

**Mental Health Act Monitoring Committee - Action Log (as at 22.12.2025)**

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

Date of meeting the action originated from	Minute Item ref no	Minute Ref Page No	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 along with a visit to a Place of Safety.	Corporate Governance	Director of Corporate Governance/ Board Secretary	mai-26	Open	<b>In Progress -</b> A visit to Royal Glamorgan Hospital has been arranged for the May 2026 meeting and a room where the meeting will be held is to be confirmed and circulated to members shortly.
MHAMC Dec 2025	5,2	3	Operational Group Report	Review Section 136 handover times from the Police focussing on the reason for a breach of the 1 hour target. This is particularly relevant for Emergency Department waits.	Chair, MHA Operational Group	Chief Operating Officer	feb-26	Propose to close	<b>Completed</b> A new data collection has been developed to capture individual reasons for delay focusing on Emergency Department activity
MHAMC Dec 2025	5,2	3	Operational Group Report	Review Section 5(2) detentions against in patient admission rates and population size.	Chair, MHA Operational Group	Chief Operating Officer	feb-26	Propose to close	<b>Completed.</b> This is included in agenda item 5.1 Deep Dive Spotlight: Deep Dive into Adult Detentions
MHAMC Dec 2025	5,2	3	Operational Group Report	To include a lived experience/patient stort for future meetings.	Chair, MHA Operational Group	Chief Operating Officer	feb-26	Open	<b>In Progress</b> The IMHA team are developing a patient story for the next operational group which will be shared with MHAMC. An update will be provided in the next operational group and a deep dive is scheduled for the emergency department.
MHAMC Dec 2025	5,3	3	MHA Quarterly Activity Report/Analysis of Unlawful Detentions	To benchmark detention data against other Health Boards to determine if practice in our region was consistent with others.	Chair, MHA Operational Group	Chief Operating Officer	feb-26	Propose to close	<b>Completed.</b> This is included in agenda item 5.1 Deep Dive Spotlight: Deep Dive into Adult Detentions
MHAMC Dec 2025	5,3	3	MHA Quarterly Activity Report/Analysis of Unlawful Detentions	Complete a review of re-admission rates into the MH & LD Care Groups acute admission wards and benchmark these with other services.	Chair, MHA Operational Group	Chief Operating Officer	feb-26	Propose to close	<b>Completed.</b> This is included in agenda item 5.1 Deep Dive Spotlight: Deep Dive into Adult Detentions
MHAMC Dec 2025	5,4	4	Risks Relating to the Monitoring of the MHA	To keep the new Mental Health Act on the agenda for ongoing updates at future meetings.	Interim Nurse Director, MH & LD	Chief Operating Officer	feb-26	Propose to close	<b>Completed</b> An update is included in agenda item 5.4 Risks Relating to Monitoring of MHA

MHAMC Dec 2025	5,6	6	Power of Discharge Sub Committee Highlight Report	To share the presentation on Trauma Focussed Care to the Committee.	Chair, MHA Operational Group	Chief Operating Officer	feb-26	Propose to close	<b>Completed</b> Circulated to the Committee via email 22.12.25
MHAMC May 2025		5	Forward Work Plan	Corporate Governance Team to work with Mental Health Act Team in regards to topics of Deep dives for the next 12 months	Chair, MHA Operational Group	Deputy COO/Director of Primary Community, Mental Health & LD	feb-26	Propose to close	<b>Completed</b> A programme of Deep Dives has been included in the Annual Cycle of Business for 2026 which is on the agenda for the February 2026 meeting
MHAMC Sept 2024	6.2.1	4	Risks Related to the Monitoring of the MHA - Update on timescales of hospital place of safety	Operational Group to conduct a comprehensive review of the current room usage within hospital sites	Chair, MHA Operational Group	Deputy COO/Director of Primary Community, Mental Health & LD	aug-25	Open	<b>In Progress</b> - 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. <b>Further update on progress has been included in the February 2026 Operational Group Update report</b>
MHAMC Feb 2025	5.3.1	5	MHA Quarterly Activity Report – Breaches / Analysis of Unlawful Detentions	To undertake a deep dive into adult mental health detentions within the RCT area and present to the next meeting of the Committee for discussion.	Chair, MHA Operational Group	Deputy COO/Director of Primary Community, Mental Health & LD	01/05/2025 <b>Now February 2026</b>	Propose to close	<b>Completed.</b> This is included in agenda item 5.1 Deep Dive Spotlight: Deep Dive into Adult Detentions

**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 August 2025	5,2	6	Operational Group Report	The HIW unannounced visit to Ward 7 Ty Lidiard be highlighted to the Board as positive escalation.	Corporate Governance	Director of Corporate Governance/ Board Secretary	sep-25	CLOSED	Escalation provided within the Committee Highlight Report to the September 2025 Board Meeting
MHAMC August 2025	5,1	4	Deep Dive Spotlight - Section 135 (1) and 135 (2)	The actions / improvements identified following the deep dive audit to be captured in the Operational Group Report prepared for future meetings.	Chair, MHA Operational Group	Deputy COO/Director of Primary Community, Mental Health & LD	des-25	CLOSED	Progress on the recommendations included within the deep dive will be closely monitored by the operational group. this includes the development of guidance to staff making an application to the court under section 135(2).
MHAMC August 2025	6.2.1	10	Forward Work Plan	To add updates family and carer feedback and updates from South Wales Police to the Forward Plan and Action Log.	Corporate Governance	Director of Corporate Governance/ Board Secretary	des-25	CLOSED	Added to Forward Work Plan for February 2026 meeting
MHAMC August 2025	4,1	3	Organisational Risk Register	To check whether the new escalation process would be relevant to share with Local Authority Partners	Service Director Mental Health and Learning Disabilities Care Group	Deputy COO/Director of Primary Community, Mental Health & LD	aug-25	CLOSED	This is an internal process to ensure documentation is completed in a timely fashion and does not require the input of the Local Authority
MHAMC August 2025	4,1	3	Organisational Risk Register	To escalate the risk in relation to clinical medical cover within the CTM Adult Mental Health Services to the Board via the Committee Highlight Report	Corporate Governance	Director of Corporate Governance/ Board Secretary	sep-25	CLOSED	Escalation provided within the Committee Highlight Report to the September 2025 Board Meeting
6.2.1	5	Deep dive into section 135 should be brought up at the next Committee Meeting	This item is on the forward work plan however wasn't captured in the May Committee meeting. It was suggested to move it to the August Committee meeting.	Chair, MHA Operational Group	Deputy COO/Director of Primary Community, Mental Health & LD	aug-25	aug-25	CLOSED	This item was received at the August 2025 meeting.
MHAMC February 2025	5.4.	6	South Wales Police - Highlight Report	To request a written update from SWP and circulate to Committee Members outside of the meeting	Corporate Governance Team / South Wales Police		mai-25	CLOSED	The Corporate Governance Team has emailed South Wales Police in response to the action and sent chaser emails. Will update accordingly  As of <b>April 2025</b> , 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**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	25 February 2026
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Cally Hamblyn, Assistant Director of Governance & Risk
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Emma Walters, Head of Corporate Governance & Board Business
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Gareth Watts, Director of Corporate Governance / Board Secretary

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

<b>Committee / Group / Individuals</b>	<b>Date</b>	<b>Outcome</b>
Service, Function and Executive Formal Review	December / January 2026	RISKS REVIEWED
Executive Leadership Group	12 January 2026	MANAGEMENT REVIEW AND SIGN OFF RECEIVED
Quality, Safety & Experience Committee	20 January 2026	ASSIGNED RISKS REVIEWED
Operational Delivery Committee	22 January 2026	ASSIGNED RISKS REVIEWED
Audit, Risk & Assurance Committee	3 February 2026	ALL RISKS REVIEWED

**Acronyms / Glossary of Terms**

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## 1. Situation / Background

- 1.1 The purpose of this report is for the Committee to review and discuss the organisational risk register and consider whether the assigned business sensitive risks have been appropriately assessed.
- 1.2 Whilst not strictly linked to the application of the Mental Health Act legislation at the request of the Committee all risks currently escalated to the Organisational Risk Register by the Mental Health & Learning Disabilities Care Group are captured in this report.

## 2. Specific Matters for Consideration

### Risk Review

- 2.1 Care Groups and Central leads are continuing to review and update their assigned risks considering feedback received from Members in relation to scoring, actions with associated timeframes and ensuring timely reviews.
- 2.2 The Operational Management Board / Chief Operating Officer approves escalation of Care Group risks to the Organisational Risk Register.
- 2.3 The Executive Lead approves escalation of central/core function risks to the Organisational Risk Register.
- 2.4 Risks on the organisational risk register have been updated as indicated in red in Appendix 1.
- 2.5 Please note that the risk updates are captured at the time the Organisational Risk Register being finalised for submission, which on this occasion was the 6 January 2026. Please note that as a result of site pressures with capacity and flow there are some risks within Appendix 1 which do not have a progress update captured. The Chief Operating Officers Business Team are seeking an update, and this will be reflected in the next iteration of the Organisational Risk Register. Updates prior to this can be sought from the Business Team as required.

### 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 **861** members of staff trained to date since training commenced in 2021. Based on the Risk Management Awareness Training Needs Analysis all attendees completed Training Profile 2. A dedicated risk session was also delivered to the Local Public Health Team Away Day on the 4 November 2025. A risk update was also provided to the Unscheduled Care Teams Away Day on the 21 November 2025.
- 2.9 Focussed sessions to discuss risk have also been undertaken with Care Group Leads and other departments/directorates as required.
- 2.10 124 attendees have provided formal feedback (using the URL Code for the Evaluation Form, which was introduced in November 2023). The average rating for the course is 4.81 out of a maximum score of 5.
- 2.11 100% of the 124 attendees providing formal feedback found that:
- The session provided the right amount of information.
  - They gained more confidence and knowledge in risk management having attended.
  - They would recommend this training to a colleague.
- 2.12 98% of the 120 attendees providing formal feedback said they felt more confident to escalate a risk through the organisation.
- 2.13 Some of the recent comments from the session in January 2026, received through evaluation, have been included below:
- *Understanding the score system and Datix was really helpful*
  - *Trainer ran through the relevant documents and processes for logging risks which gave me a better understanding of the escalation processes and how it's logged in the organisation.*
  - *New to Datix so really helpful with risk assessing process*

### 3. Key Risks / Matters for Escalation

#### 3.1 NEW RISKS

Nil this period as assigned to this Committee.

#### 3.2 CHANGES TO RISKS

##### Risk Score Increased

None identified this period.

##### Risk Score Decreased

Nil this period as assigned to this Committee.



### 3.3 CLOSED RISKS REMOVED FROM THE ORGANISATIONAL RISK REGISTER

Nil this period as assigned to this Committee.

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

Consequence	5						
	4				6318	4973	
	3						4691
	2						
	1						
	CxL	1	2	3	4	Likelihood	

## 4. Assessment

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



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

Impact Assessment		
<b>Ansawdd</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> <b>Quality</b> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	Not required for the Organisational Risk Register. Individual risks may have been subject to QIA.
<b>Cydraddoldeb a'r Gymraeg</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> <b>Equality and Welsh Language</b> <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.
<b>Cyfreithiol / Legal</b>	Yes (Include further detail below)	
	See detail captured for each risk	
<b>Enw da / Reputational</b>	Yes (Include further detail below)	
	See detail captured for each risk	
<b>Effaith Adnoddau</b> <i>(Pobl /Ariannol) /</i> <b>Resource Impact</b> <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 Sub Committee can seek assurance from the report that all that can be done is being done to mitigate the risks

## 5. Next Steps

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

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
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	Patients / Staff /Public Safety	Clinical Medical Cover within CTM Adult Mental Health Services	<p><b>IF:</b> CTM Mental Health Service fails to implement adequate senior medical cover across adult in-patient and CMHT services</p> <p><b>Then:</b> the Health Board's ability to provide quality care, a safe environment for patients and a good standard of training for junior doctors will be reduced and potentially compromise the safety of patients and staff</p> <p><b>Resulting in:</b> sub-optimal care to patients, inability to discharge its legal duties under the Mental Health Act, due to insufficient numbers of suitably skilled and experienced Approved Clinicians. Junior doctor supervision will be reduced which may affect future recruitment, patient safety/experience compromised and staff well being will be poor.</p>	<p>Functional inpatient model in place with 3 consultants to cover. Redeployment out of the service and resignation has led to a further depleted workforce and cover will reduce to two consultants from January 2025 with additional middle grade support.</p> <p><b>Substantive jobs which are new posts are being developed and advertised</b></p> <p>Rehabilitation service is at a critically low level with urgent closure of one service needed. Redeployment from inpatients to Rehabilitation of locum has had knock on effect on inpatients.</p> <p>Difficulty recruiting to locum posts due to introduction of rate card and need to have Welsh AC approval. Permission to go out to non-DE has been given by Executive Medical Director and the necessary paperwork submitted.</p> <p>Weekly cover rota going out to inpatients and rehab wards to ensure all are aware of the cover arrangements.</p> <p><b>Substantive and significant programme of work running alongside this in medical workforce productivity in place</b></p> <p>International recruitment drive looking to recruit two speciality doctors to inpatient and rehab in August 2025.</p> <p>Two FAs recruited to Rehab and IP in Jan/March 2025 which will free up senior time</p> <p>The Adult Directorate is managing medical staffing through "escalated action" procedures with daily scrutiny and communication pressures and counter measures to release the Consultant body.</p> <p>Daily reviews with Retinue on the availability of staff</p> <p>The Directorate plans, organises and publishes medical cover through a spreadsheet (updated reference) so everyone knows who is providing medical cover where and when.</p>	<p>Substantive jobs which are new posts are being developed and advertised.</p> <p>Substantive and significant programme of work running alongside this in the Medical Workforce Productivity in place.</p> <p>International recruitment drive looking to recruit two Speciality Doctors to Inpatients and Rehab in August 2025.</p> <p><b>Update December 2025</b></p> <p>Risk reviewed, no change in the risk rating</p> <p>Due to ongoing respect and resolution related issues medical staffing in RGH has been further pressured in December, to mitigate this further control measures have been implemented.</p> <p>Two Interim Clinical Directors have been appointed.</p> <p>Dr Sally Bolt is also supporting the MILD Care Group with sessions as Interim Medical Director</p> <p>The Directorate plans and organises publishes medical cover through a spreadsheet so everyone knows who is providing medical cover where and when.</p>	Quality, Safety & Experience Committee Operational Delivery Committee	14	CxL4	12 (CxL3)	↔	06.01.2022	19.12.2025	30.01.2026
6318	Chief Operating Officer	Mental Health Care Group	Service Director - MILD	Improving Care	Safety & Wellbeing Patients / Staff and Public	Her 3 SHED Team Service Delivery	<p><b>IF:</b> The level of vacancies continues in the CAVUHB service for high risk eating disorder patients (SHED)</p> <p><b>Then:</b> The service will be unable to fully deliver assessment and treatment interventions for CTM UHB residents.</p> <p><b>Resulting in:</b> Patient safety concerns for a number of high risk patients</p>	<p><b>Controls update December 2025:</b></p> <p>The recent appointment of a band 7 practitioner within CTMUHB to help with coordination. Individual would be starting in this role on 13th December for a fixed term until 31st March 2026. The costs for this post would be recharged to CAVUHB.</p> <p>The establishment of fortnightly SHED drop in clinics for adult CMHT staff in CTMUHB. MH Team colleague had helpfully been involved in establishing these regular meetings and initial feedback was positive</p> <p>CTMUHB adult CMHT services will continue to provide physical health monitoring arrangements for their patients who have been referred to SHED.</p> <p>The Consultant lead for SHED, had agreed to schedule some training sessions for CTMUHB CMHT staff which was welcomed</p> <p>Further Measures are under way</p> <p>Finalise the SHED service specification (when staffed at typical levels) and agree a supplementary document describing what is currently available. CTMUHB have provided comments to facilitate further discussion</p> <p>CAVUHB have commissioned 36 degrees to review the SHED service and provide recommendations for its strategic future. The review requires CTMUHB input and lead identified to facilitate this.</p> <p>In advance of the review CAVUHB are recruiting to key posts. Details of the recruitment will be shared with MH Team so that CTMUHB can help to promote and to give real time updates on the restoration of assessment and intervention work</p> <p>44 key risk is the reduction in medical cover (Dietitians CUMH and Consultants CUMH) from end Feb 2026. CAVUHB agreed that there were opportunities to use these sessions to create an attractive new consultant role. Colleagues will meet to consider the provision of future cover and any transition plan required.</p>	<p>Escalated at OMB 25.10.25 risk rating increased following dialogue with CMHTs. escalated to service director and director of nursing. The care group will progress with an action plan to mitigate the risk and the Care Group Service Director has requested a meeting with CAVUHB senior Mental Health leadership team to consider a route forward.</p> <p><b>Update December 2025</b></p> <p>Risk reviewed and updated, current control measures have been updated. Update from a meeting held with CAVUHB colleagues 02/12/25 also captured in Data.</p> <p>No change to the current risk score at present</p>	Quality, Safety & Experience Committee Operational Delivery Committee	14	C4 x L4	C3xL2 = 6	↔	29.08.2025	19.12.2025	30.01.2026
4691 Linked to RTE Risks 4803, 4790, 3273 and 3019.	Chief Operating Officer	Mental Health Care Group	Interim Partnerships and Strategic Planning Lead for Mental Health and Learning Disability Services	Sustaining Our Future	Operational: • Core Business • Business Objectives • Environmental / Estates Impact • Projects Including systems and processes, service/business interruption	New Mental Health Unit	<p><b>IF:</b> Mental health inpatient environments fall short of the expected design and standards.</p> <p><b>Then:</b> Care delivered may be constrained by the environment, which is critical to reducing patient frustration and incidents as well as presenting more direct risk as a result of compromised observations.</p> <p><b>Resulting in:</b> Compromised safety of patients, potential avoidable harm and compromised safety for staff in the workplace and extended lengths of stay.</p>	<p>A Quality Improvement programme in relation to inpatient care has started and a work stream in relation to Safe and Therapeutic Environments has been established with the aim of optimising the patient experience. Inaugural workshop took place on the 26th April.</p> <p>Assistant Director of Strategic Transformation - Mental Health has commenced in post. This new role will lead a range of strategic programmes including recommencing a capital business case for a new Mental Health Unit.</p> <p>Annual reviewing of all patient ligature risks and completion of Statement of Needs via capital process for any ligature risks assessed as needing resolution.</p> <p>All anti ligature works planned for 2022 - 2023 have now been completed.</p> <p>A scoping document case is to be prepared and submitted to WGL.</p> <p>Inpatient Improvement Programme established April 2023</p>	<p><b>Update December 2025</b></p> <p>Risk Reviewed, no change in scoring</p> <p>The inpatient review and remediation programme continues to progress, with Safe Wards interventions and enhanced therapeutic input positively received by staff, patients, and external reviewers. The inpatient remediation of the wards to align with the new model remains paused pending resolution of governance and safety compliance requirements. The programme reports to the MILD Improving Care Board. November update included in data risk assessment record.</p>	Quality, Safety & Experience Committee Operational Delivery Committee	15	15 (CxL5)	6 (CxL3)	↔	15.06.2021	22.12.2025	30.01.2026



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

(1<sup>st</sup> January 2026 to the 31<sup>st</sup> December 2026)

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**.


<b>Committee Chair:</b> <ul style="list-style-type: none"> <li>Kath Palmer, Vice Chair of the Health Board</li> </ul>	<b>Committee Vice Chair</b> <ul style="list-style-type: none"> <li>Helen Lentle, IM Legal</li> </ul>	<b>Executive Leads for Agenda Planning</b> <ul style="list-style-type: none"> <li>Gethin Hughes, Chief Operating Officer (supported by the Deputy COO for PCC and MHLD)</li> </ul>
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[Link to the Board Assurance Framework Dashboard](#)

### CTMUHB Committee Business:


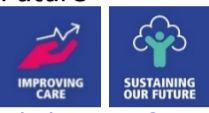
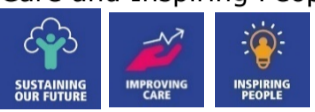








<b>Improving Care Strategic Goal aligned to Committee Business</b> <ul style="list-style-type: none"> <li>Delivering Safe and Compassionate Care</li> <li>Developing new models of care</li> <li>Digital Transformation for patients and staff</li> <li>Ensuring timely access to care</li> </ul> 			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Consent Agenda	Main Agenda	Prior Reporting Requirements e.g. EMB/OMB	Onward Reporting into Board	Alignment to Strategic Risks on the BAE
Organisational Risk Register	Director of Corporate Governance / Board Secretary	All Regular Meetings		R		R	R	R		R				X	R	EMB	Received by Board for Information in Admincontrol	Risks aligned from the Organisational Risk Register to the BAF	
Shared Listening and Learning Story	Deputy Chief Operating Officer (Mental Health,	Twice Per Annum					R Not being shared at this meeting					R		X	R	N/A	N/A	Topic dependent to whether it aligns to a Strategic Risk.	
Report from the Mental Health Act Operational Group	Deputy Chief Operating Officer (Mental Health,	All Regular Meetings		R		R	R	R		R				X	R	No	No	Topic dependent to whether it aligns to a Strategic Risk.	
Deep Dive Spotlight report to include: <ul style="list-style-type: none"> <li>Completion of statutory MHA documentation</li> <li>Section 136 Emergency department waiting times.</li> </ul>	Deputy Chief Operating Officer (Mental Health, Primary Care and Community)	All Regular Meetings (as required)		R		R	R	R		R				X	R	There may be occasions where matters highlighted during a deep dive would need to be escalated to OMB/EMB	N/A	Topic dependent to whether it aligns to a Strategic Risk.	

<ul style="list-style-type: none"> <li>Use of Emergency treatment Section 62 and timely requests for SOAD assessments.</li> <li>Review of section 117 Aftercare register and compliance with policy</li> </ul>																			
Mental Health Act Quarterly Activity Report / Breaches/Analysis of Unlawful Detentions – Mental Health Act	Deputy Chief Operating Officer (Mental Health, Primary Care and Community)	All Regular Meetings		R		R		R		R		R		R	X	R	No	No	Topic dependent to whether it aligns to a Strategic Risk.
<b>Improving Care Strategic Goal aligned to Committee Business CONTD</b> <ul style="list-style-type: none"> <li>Delivering Safe and Compassionate Care</li> <li>Developing new models of care</li> <li>Digital Transformation for patients and staff</li> <li>Ensuring timely access to care</li> </ul>																			
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	Prior Reporting Requirements e.g. EMB/OMB	Onward Reporting into Board	Alignment to Strategic Risks on the BAE
Highlight Report from the Provision of Discharge Sub Committee	Deputy Chief Operating Officer (Mental Health, Primary Care and Community)	All Regular Meetings (where applicable)		R		R		R		R		R		R	X	R	N/A	N/A	Topic dependent to whether it aligns to a Strategic Risk

<b>Creating Health Strategic Goal aligned to Committee Business</b> <ul style="list-style-type: none"> <li>Reducing Health Inequalities</li> <li>Equal focus on Mental Health and Physical Health</li> <li>Supporting our communities</li> <li>Being a Healthy Organisation</li> </ul>																			
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	Prior Reporting Requirements e.g. EMB/OMB	Onward Reporting into Board	Alignment to Strategic Risks on the BAE
Strategic Update from South Wales Police <i>(Based on the identification of key challenges / strategic areas in relation to Mental Health.)</i>	South Wales Police	All Regular Meetings - As and when required		R		R	R	R		R			R		X	R	N/A	N/A	Topic dependent to whether it aligns to a Strategic Risk.
Strategic Update from Local Authority Partners <i>(Based on the identification of the key challenges / strategic areas in relation to Mental Health)</i>	Local Authority Partner's	All Regular Meetings		R		R	R	R		R			R		X	R	N/A	N/A	Topic dependent to whether it aligns to a Strategic Risk.
Mental Health Strategic Developments in Wales	Deputy Chief Operating Officer (Mental Health, Primary Care and Community) / Clinical Service Group Manager MH Care Group	Six Monthly					R						R		X	R	Would be reported into SDC for escalation purposes only when required	Would be reported to Board for escalation purposes only when required	Topic dependent to whether it aligns to a Strategic Risk.

<b>Governance / Committee Business Governance Activity</b>																		
<ul style="list-style-type: none"> <li>To support a strong governance framework to support effective and efficient Board Business.</li> <li>Creating a culture of integrity, transparency, and accountability</li> </ul>																		
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	Prior Reporting Requirements e.g. EMB/OMB	Onward Reporting into Board
Action Log	Director of Corporate Governance / Board Secretary	All Regular Meetings		R			R			R			R		R If all actions are complete	R If there are actions in progress / overdue actions	N/A	N/A
Minutes of the previous meeting (Public and Closed Session)	Director of Corporate Governance / Board Secretary	All Regular Meetings		R			R			R			R		R	X	N/A	N/A
Non-Routine Committee Business (Forward Plan)	Director of Corporate Governance / Board Secretary	All Regular Meetings		R			R			R			R		R	X	N/A	N/A
Annual Cycle of Business	Director of Corporate Governance / Board Secretary	All Regular Meetings		R Annual Review			R			R			R		R Except for the annual review in November	R Annual Review only	N/A	N/A
Committee Annual Report	Director of Corporate Governance / Board Secretary	Annually					R								X	R	N/A	Yes
Outcome of Annual Committee Self-Assessment	Director of Corporate Governance / Board Secretary	Annually					R								X	R	N/A	N/A
Terms of Reference Review	Director of Corporate Governance / Board Secretary	Annually					R								X	R	N/A	Yes

**CTMUHB Board Assurance Framework Dashboard**

Risk no	Strategic Goal	Strategic / Principal Risk	Lead(s) for this risk	Assurance committee
1.	Improving Care, Sustaining our Future  <a href="#">Click Here for Risk 1a</a> <a href="#">Click Here for Risk 1b</a>	<b>a) Enough capacity to meet elective demand</b>	Chief Operating Officer	Quality, Safety & Experience Committee and Operational Delivery Committee
		<b>b) Enough capacity to meet emergency demand</b>		
2.	Improving Care, Sustaining our Future  <a href="#">Click Here for Risk 2</a>	<b>Ability to deliver improvements which transform care and enhance outcomes</b>	Executive Director of Nursing / Executive Medical Director	Quality, Safety & Experience Committee and Operational Delivery Committee
3.	Sustaining our Future, Improving Care and Inspiring People  <a href="#">Click Here for Risk 3</a>	<b>Enough workforce to deliver the activity and quality ambitions of the organisation (Including Culture, Values and Behaviours)</b>	Executive Director for People	Quality, Safety & Experience Committee and Operational Delivery Committee
4.	Creating Health, Sustaining our Future  <a href="#">Click Here for Risk 4</a>	<b>Effective Community and Partner Engagement in service changes and developments</b>	Director of Communication, Engagement & Fundraising	Strategic Development Committee
5.	Improving Care, Sustaining our Future  <a href="#">Click Here for Risk 5</a>	<b>Delivery of a digital and information infrastructure to support organisational transformation</b>	Director of Digital	Operational Delivery Committee and Strategic Development Committee
6.	Improving Care, Sustaining our Future  <a href="#">Click Here for Risk 6</a>	<b>Ability to maintain a safe and fit for purpose estate infrastructure</b>	Executive Director of Finance	Operational Delivery Committee
7.	Sustaining our Future, Creating Health  <a href="#">Click Here for Risk 7</a>	<b>Fulfilling our Environmental and Social Duties and ambitions</b>	Executive Director of Strategy & Transformation	Strategic Development Committee
8.	Creating Health, Sustaining our Future  <a href="#">Click Here for Risk 8</a>	<b>Prevention and early Intervention to support Healthy Life Expectancy</b>	Executive Director of Public Health	Strategic Development Committee
9.	Sustaining our Future  <a href="#">Click Here for Risk 9</a>	<b>Failure to deliver a sustainable plan and manage revenue resources within the Revenue Resource limits set by Welsh Government (WG)</b>	Executive Director of Finance	Operational Delivery Committee
10.	Sustaining our Future, Improving Care  <a href="#">Click Here for Risk 10</a>	<b>Ability to develop a fit for the future estate to reflect our future clinical service model</b>	Executive Director of Finance	Strategic Development Committee
11.	Creating Health, Sustaining our Future, Improving Care  <a href="#">Click Here for Risk 11</a>	<b>Delivery of an Integrated Care Model</b>	Chief Operating Officer	Strategic Development Committee



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Cwm Taf Morgannwg  
University Health Board

**Agenda Item**

5.1

**Mental Health Act Monitoring Committee**

**Use of the Mental Health Act in Adult Mental Health Services - Deep Dive**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	25/02/2026	
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public	
	Not Applicable	
<b>Awdur yr Adroddiad / Report Author</b>	Robert Goodwin, Directorate Manager	
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Robert Goodwin, Directorate Manager	
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Julie Denley, Director of Primary, Community and Mental Health	
<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Noting	
<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)</b>		
<b>Committee / Group / Individuals</b>	<b>Date</b>	<b>Outcome</b>
(Insert Details)	Click or tap to enter a date.	
<b>Acronyms / Glossary of Terms</b>		
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	
CTMUHB	Cwm Taf Morgannwg University Health Board	
PICU	Paediatric Intensive Care Unit	

HIW	Healthcare Inspectorate Wales
RGH	Royal Glamorgan Hospital
PCH	Prince Charles Hospital
POW	Princess of Wales Hospital
CMHTs	Community Mental Health Teams

## 1. Situation / Background

The Mental Health Act monitoring committee requested that the Operational Group complete a Deep Dive into the use of the Mental Health Act in the Health Boards Adult Mental Health Services. The purpose was to review current practice and identify any variation which may require further investigation. This was to include comparison of practice with other areas across the UK and within Wales. The report was considered within the Operational Group meeting held on 29<sup>th</sup> January 2026 and draws on previous work of the group together with available benchmarking information.

## 2. Specific Matters for Consideration

### 2.1 General pattern of Adult Mental Health Act Detentions

The Group reviewed the overall pattern of Adult Mental Health Detentions and found these to be relatively stable for each of the 3 localities between the period 2022 – 2025 (Appendix 1)

Table 1

Comparison of locality Detention rates in Q3 2025/26 with the mean for 2022/25

Locality	Mean 2022/25	Q3 2025/26
Merthyr	15	17
Rhondda Cynon Taff	57	53
Bridgend	31	24
Out of area	10	10
<b>Total</b>	<b>113</b>	<b>104</b>

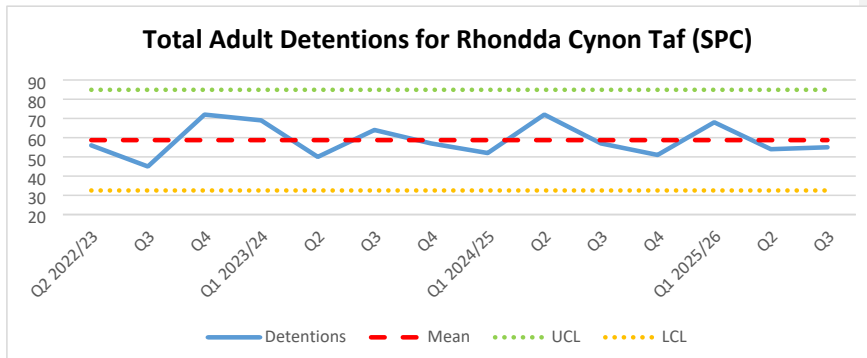
The Q3 Detentions for this year in each area compared well with the mean for the 2022/25 timeframe.

#### A. Pattern of Adult Detentions within each locality

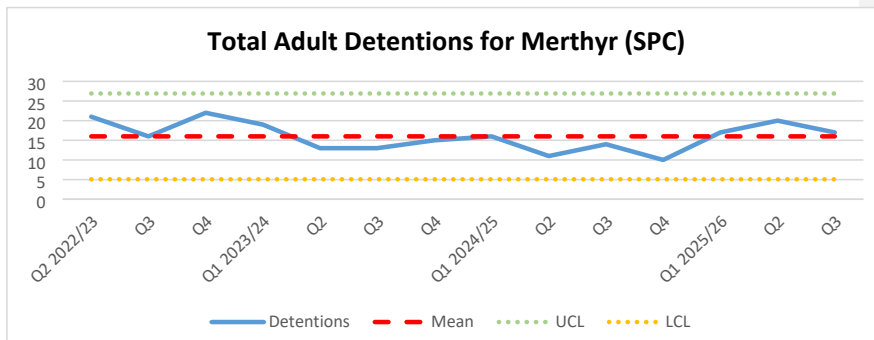
When applying the statistical process control graphs there was shown to be a high level of stability in each of the three areas within our region.



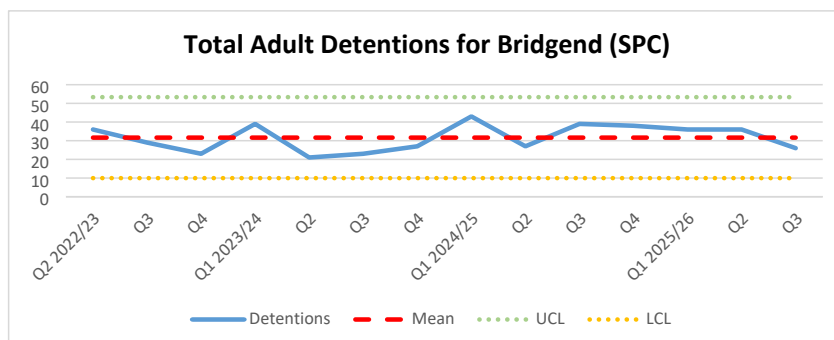
**Graph 1**



**Graph 2**

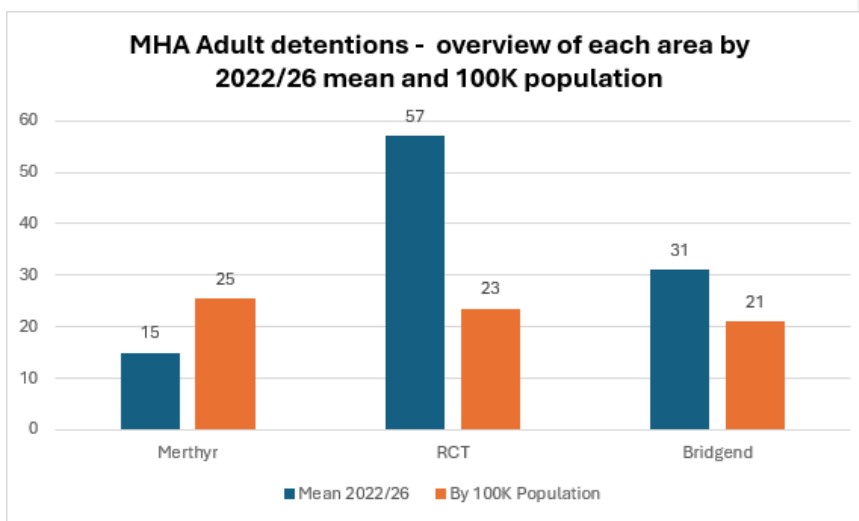


**Graph 3**



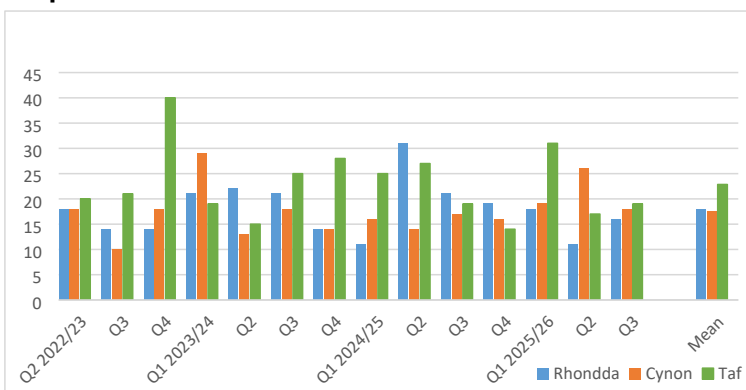
The Group were reassured when considering Detention rates for Adult Services that there was only slight variation between the 3 localities when standardising activity against 100k resident population.

**Graph 4**



B. Pattern of Adult Detentions within in the 3 Adult Community Mental Health teams serving the Rhondda Cynon Taff (RCT) locality

**Graph 5**



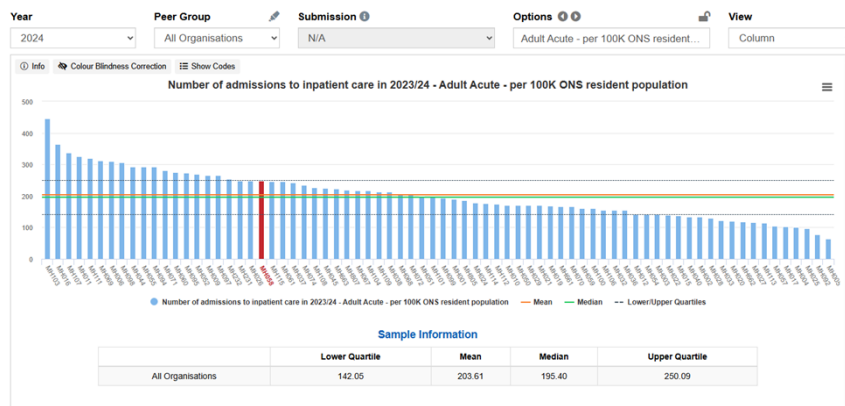
The Operational Group had identified peaks in RCT activity in Q2 2024/25 and Q1 2025/26. The Q2 rise in 2024/25 was the result of increased activity in Rhondda and Taf. The Q1 rise in 2025/26 was a result of increased activity in Taf. The Operational Group considered this variation for RCT residents to be within the normal range for each of the CMHTs. It was noted that the overall Detention activity included variation between each of the 3 teams in each quarter.

## 2.2 Benchmarking of Adult Acute Detentions Across Wales and the UK

- A. Number of admissions in 2023/24 – per 100k resident population – All UK Organisations

When comparing the number of admissions per 100K population in CTMUHB with the UK benchmarking group (graph 6 below) our services were found to be within the Upper Control Limit.

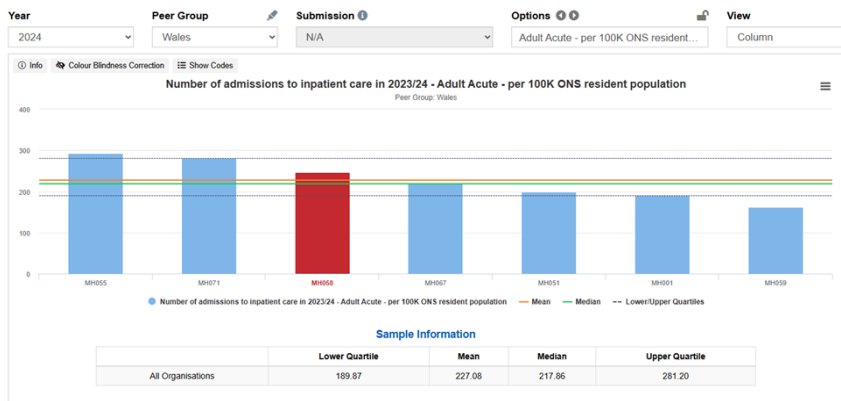
**Graph 6**



- B. Number of admissions in 2023/24 – per 100k resident population – Welsh Peer Group

When compared with the Welsh peer group CTMUHB was close to the mean score in relation to number of inpatient admissions per 100K population.

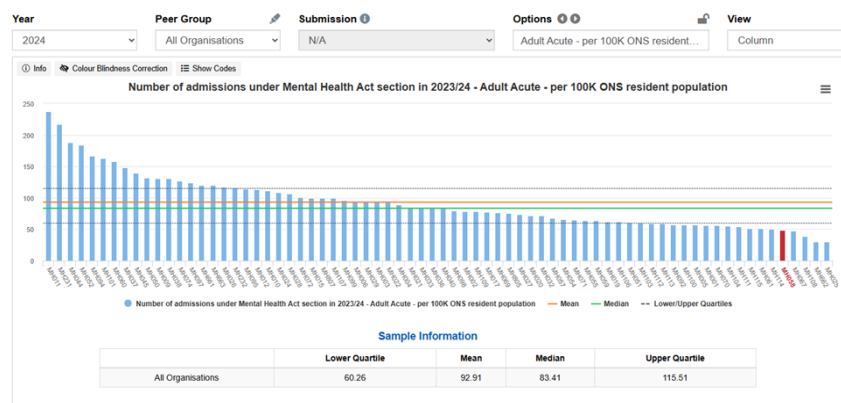
### Graph 7



C. Number of admissions under the Mental Health Act Section in 2023/24 – Per 100k resident population – All UK Organisations

In terms of Mental Health Act admissions per 100K population CTMUHB was below the Lower Statistical Control Limit when compared with the UK wide benchmarking group.

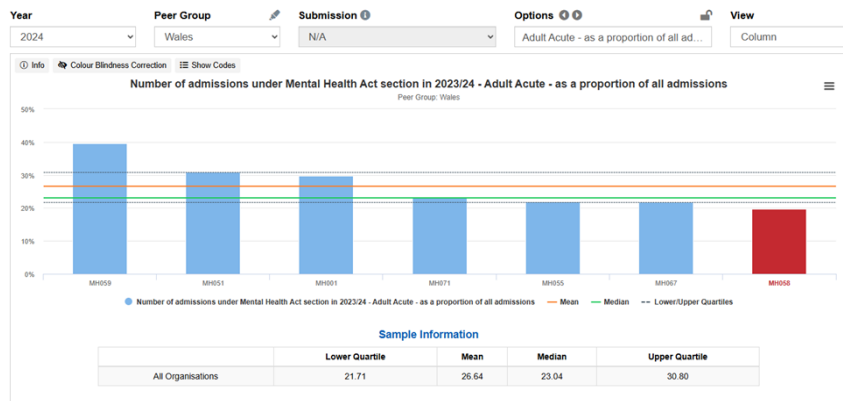
### Graph 8



D. Number of admissions under the Mental Health Act Section in 2023/24 – as a proportion of total admissions – Welsh Peer Group

CTMUHB was also below the Lower Statistical Control Limit for Mental Health Act admissions per 100K population when compared with Welsh peers. Whilst our region was the lowest in Wales for the 2023/24 reporting period the levels were not significantly below 3 of the 6 Welsh Health Board peers.

**Graph 9**



E. Comparison of Mental Health Act admissions between the Princess of Wales Hospital and the Royal Glamorgan Hospital

The Operational Group considered the activity between the Princess of Wales and Royal Glamorgan hospitals. In the period Q2 2022-23 to Q1 2025-26 there were marginally more Detentions per 100K resident population in the Princess of Wales Hospital (521) when compared with the Royal Glamorgan Hospital (496). (Appendix 2)

F. Re-admission rates within 30 days of initial admission

Colleagues in the Operational Group were interested to understand if this lower rate of Detentions which could indicate a less restrictive practice was also resulting in higher re-admission rates. The UK benchmarking report for 2024-25 was able to present information on the number of re-admissions within 30 days into Adult Acute Services per 100K resident population

(Appendix 3). This was able to show that our services were very close to the mean (17.32) and therefore not an outlier.

**G. Application of Section 5(2) Doctors Holding Powers.**

The Operational Group considered whether the relatively low levels of Detention within the Adult Acute Service were resulting in higher use of Section 5(2) Doctors holding powers. Whilst The Group acknowledged the importance of supporting clinical colleagues in the use of Section 5(2) to help manage patient risks it was suggested that higher use could be an indicator of over reliance on informal admission.

The Group considered the 59 occasions between 2022 and 2025 when Section 5(2) was used in the Princess of Wales Hospital and compared this with the 175 occasions when it was used in the Royal Glamorgan Hospital (Appendix 4). When standardising this activity per 100K resident population the Princess of Wales Hospital use of Section 5(2) was 67.82 compared with 94.08 in the Royal Glamorgan Hospital.

The Operational Group had reviewed the 5 occasions when Section 5(2) was used for a second time on a single individual within a 1-week period between January and December 2025 (Appendix 5). All of these occurred in the Royal Glamorgan Hospital. Two were regraded to a Section 2, two were regraded to a Section 3 and one was again rescinded.

**2.3 Benchmarking of Adult Acute Bed Numbers across the UK**

The Operational Group wanted to consider Detention activity within the context of the number of available beds within the Health Board. The UK benchmarking information below has been generated for the 31<sup>st</sup> March 2024. The CTMUHB region falls at the mean of provision in terms of total number of acute admission beds per 100K population.

**Graph 10**



The CTMUHB region also falls at the mean of provision in terms of occupied bed days when compared with the UK wide benchmarking group (Appendix 6)

#### **2.4 Benchmarking of Psychiatric Intensive Care Unit Detentions across Wales and the UK**

The UK benchmarking report does not allow for the preparation of UK wide PICU reports which are standardised per 100K population. As a result, the information in this benchmarking report does not allow for meaningful comparison. However, as all PICU admissions will be subject to Detention a comparison with informal admissions is not relevant.

In relation to the information provided for the Welsh peer group the absence of this standardisation by resident population size also limits its value. The PICU service in CTMUHB includes 8 beds in Royal Glamorgan Hospital and 8 beds in the Princes of Wales Hospital. 4 of the 8 beds in the Princess of Wales Hospital are provided for the population of the Swansea Bay University Health Board (SBUHB). The March 2025 Wales peer group report (Appendix 7) overstated the volume of provision dedicated to PICU services within our Health Board and when corrected would lower the CTMUHB available bed figure down to 12. The mean volume of provision across Wales is 10.2. This information will be further developed by colleagues within Adult Services as they consider the future pattern of PICU services which should be provided when the SBUHB long-term agreement for the provision of PICU services in Bridgend comes to an end.

#### **2.5 Benchmarking of High Intensity Rehabilitation Unit Detentions across Wales and the UK**

The UK benchmarking report does not allow for the preparation of UK wide High Intensity Rehabilitation reports which are standardised per 100K population. As a result, the information in this benchmarking report does not allow for meaningful comparison. In relation to the information provided for the Welsh peer group the absence of this standardisation by resident population size also limits its value. The March 2025 Welsh peer group report (Appendix 8) identified the volume of provision which at the time comprised the Supportive Recovery Unit in Treorchy 13 beds, Pinewood House in Treorchy 16 beds and Cefn Yr Afon in Bridgend 8 beds. In the period since Cefn Yr Afon had been temporarily closed, reducing the bed numbers to 29. This is above the mean provision of 20.50 beds in Welsh Health Boards. The use of the Health Boards rehabilitation beds is subject to a separate review by the Adult Directorate.

## 2.6 Application of Section 62 Emergency Treatment

The Group wanted to consider the use of Section 62 emergency treatment as part of the review. This Section allows for the urgent temporary administration of treatment to detained patients without needing to comply with standard consent requirements or second opinion safeguards. The table below shows relatively raised use of this Section particularly in November 2025. The Operational Group considered that this coincided with a period of medical staffing challenges in the Royal Glamorgan Hospital.

**Table 2**

Use of Section 62 emergency treatment July – December 2025

Use of urgent treatment Forms	Jul	Aug	Sep	Oct	Nov	Dec
Section 62	2	5	2	4	8	3
Section 64	0	2	0	0	1	0
<b>Total</b>	<b>2</b>	<b>7</b>	<b>2</b>	<b>4</b>	<b>9</b>	<b>3</b>

The use of emergency treatment under Section 62 could be reduced with the more-timely completion of the SOAD request forms by the RC to HIW.

**Commented [JD(U-MH1):** So what actions did this finding generate

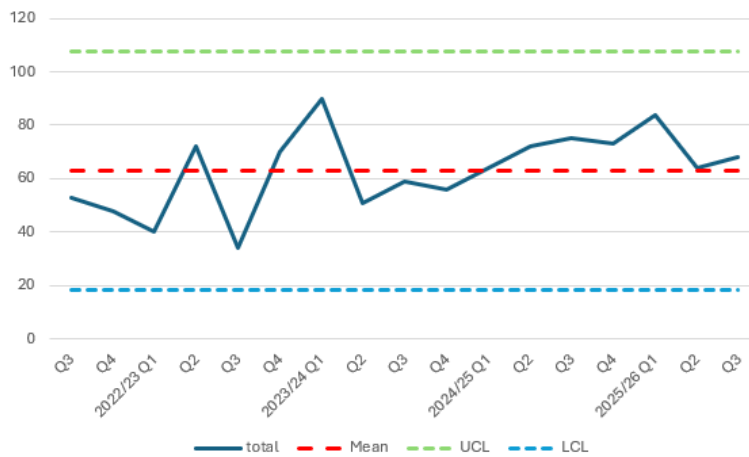
A Consent to Treatment form is not required during the first 3 months of Detention. It is good practice for the RC to submit a request for a second opinion assessment 4 weeks before the expiry of the 3-month period or a valid consent certificate. The Mental Health Act office provide up to 3 reminders to the RC, Ward Staff and Administrative Support Staff when consent forms need to be developed/renewed.

## 2.7 Application of Section 136

Section 136 of the Mental Health Act 1983 empowers Police to detain a person in a public place who appears to have a Mental Disorder and requires immediate care. They can be removed to a Place of Safety for up to 24 hours for assessment by Doctors and Approved Mental Health Professionals. The use of Section 136 has been relatively stable in the period 2021 – 2025 as shown in the graph below.

**Graph 11**

Use of adult Section 136 (all areas) Q3 2021 – Q3 2025



The Group noted that the outcome of Section 136 in the majority of cases resulted in some further Mental Health intervention. Only a small number were discharged with no follow up required.

The Group also reviewed the number of Section 136 cases who were also Care Coordinated. The adult CMHTs have reviewed the number of times in which Section 136 was used by the South Wales Police for Care Coordinated patients between Q4 2024/25 and Q1 2025/26. During this period Section 136 was used on 157 occasions for adults in the CTMUHB region. Section 136 was used on 18 occasions for 15 Care Coordinated patients during this time. The Operational Group were advised that the majority of these took place Out of Hours and had been reassured that recent contact had been made.

The Operational Group had been reviewing Police handover times in the Health Boards Emergency Departments and Places of Safety. Whilst the majority of handovers took place within 2 hours there were some extended waits particularly within local Emergency Departments.

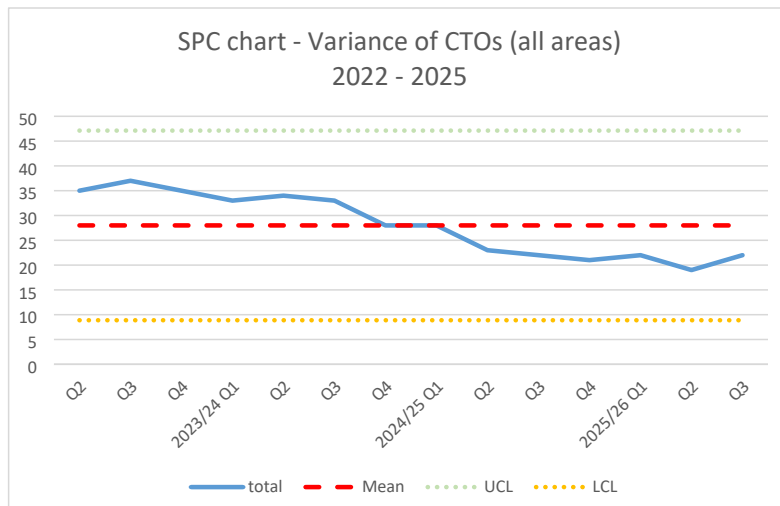
The Welsh Government Performance and Improvement team are coordinating some national standards development work which will report into the National Acute and Crisis Care Delivery Group. Colleagues have attended a workshop as part of this programme of work and a number of themes were discussed including partner experience of Section 136, training arrangements, handover times, patient conveyance, provision of Section 136 Place of Safety suites and the management of Section 136

cases who are intoxicated or need medical interventions. The need for a national approach to the process of assessing children and young people was also discussed together with the need for a national data set including information on Section 136 outcomes.

### 2.8 Community Treatment Orders (CTOs)

The Group considered the use of CTOs in Adult Services between 2022 – 2025 and noted the reducing trend which is reflected in other areas across Wales and the UK.

**Graph 12**



The Operational Group regularly review the number of new CTOs, those extended, those revoked following recall to hospital and those discharged. There were no particular concerns noted.

### 3. Key Risks / Matters for Escalation

#### General pattern of Adult Mental Health Act Detentions

The Operational Group found the pattern of Adult Mental Health Detentions to be relatively stable across each of the three localities. The volume of Detentions when standardised against a 100K resident population also showed minor variation between the 3 local authority areas. The mean quarterly adjusted Detentions in the period under review ranged from 21 in Bridgend through to 23 in RCT and 25 in Merthyr Tydfil.

The Operational Group had considered peaks in RCT Detention activity in Q2 2024/25 and Q1 2025/26. Whilst these peaks remained within the upper control limit within the SPC Chart for RCT residents the Operational Group has been asked to review. The variation for RCT residents was found to be within the normal range for each of the CMHTs. It was noted that the overall Detention activity included variation between each of the 3 RCT teams in each quarter.

### **Benchmarking of Adult Acute Detentions Across Wales and the UK**

When comparing the number of admissions per 100K population in CTMUHB with the UK benchmarking group our services were above the mean but below the upper control limit. When considering the activity with our Welsh peers we were very close to the mean score.

When reviewing number of admissions under the Mental Health Act with our UK peers CTMUHB Adult Acute Services were found to be below the lower control limit. This level of activity was also mirrored in comparison with our Welsh peers.

The Operational Group reviewed the Detention activity between the Princess of Wales and Royal Glamorgan hospitals to determine if there was any variation. There were marginally more Detentions per 100K resident population in the Princess of Wales Hospital when compared with the Royal Glamorgan Hospital over a 4-year period 2022-2025. The Operational Group wanted to understand if this lower level of Detention and therefore higher rate of informal admissions was impacting on re-admission rates. The comparison with our UK benchmarking peers showed CTMUHB Adult Acute re-admission rates to be close to the mean and therefore not an outlier.

The Operational Group considered the use of Section 5(2) doctors holding powers to understand if this also could be an indicator of low Detention rates. When comparing the use of this Section within CTMUHB between 2022 and 2025 the Princess of Wales Hospital was found to have a standardised rate of 67.82 per 100K resident population. This compared with 94.08 in the Royal Glamorgan Hospital. The Operational Group also reviewed the 5 occasions in 2025 when Section 5(2) had been used for a second time on a single individual within a 1-week period. All of these occurred in the Royal Glamorgan Hospital. The Operational Group acknowledged that Section 5(2) was a very valuable tool and would keep its use under review. Higher rates of use in the Royal Glamorgan Hospital could in part be due to the recent medical staffing challenges.

There was discussion in the Operational Group about whether the lower levels of Detention in the Health Boards Adult Acute Service should be interpreted as evidence of least restrictive practice or over reliance on informal admissions. The Group did not come to a final conclusion on this recognising

the role of individual clinical judgement and the safeguards in the system in relation to the correct application of the act.

### **Benchmarking of Adult Bed Numbers**

The CTMUHB falls at the mean of UK wide provision in terms of total number of adult acute beds per 100K population. Our Health Board also falls at the mean of provision in terms of occupied bed days when compared with the UK wide benchmarking group.

UK wide benchmarking information was not available for PICU and Rehabilitation Services in a format standardised against population size. This limited its value. It was understood that the Care Group were reviewing rehabilitation services and would be considering the future of PICU services in the context of the long-term agreement with SBUHB.

### **Application of Section 62 Emergency Treatment**

The use of Section 62 was showing a rising trend possibly related to medical staff challenges in the Royal Glamorgan Hospital. The Operational Group was to focus on the timely submission of SOAD requests which would help with the provision of valid Consent to Treatment forms.

### **Application of Section 136**

The use of Section 136 was relatively stable with the majority of cases receiving some form of Mental Health intervention following assessment. The number of cases which were also Care Coordinated was low and where they did occur were likely to be Out of Hours. Handover times from the police were subject to review with a particular focus on those presenting within the Emergency Department. With delays often registered because of intoxication and physical health problems. It was reassuring that there had been no recent escalation of concerns by the South Wales Police in relation to handover times. The Operational Group acknowledged the importance of modern 'fit for purpose' Place of Safety suite accommodation and the progress that was being made.

The Welsh Government National Acute and Crisis Care Delivery Group were coordinating some work in relation to Section 136. This would help give a national perspective and with the development of national standards.

### **Community Treatment Orders**

There was a reducing use of CTOs in our area. This decline was consistent with patterns of use across the UK. No particular concerns had been noted following regular review of new CTOs, those discharged and those recalled to hospital.



#### 4. Assessment

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

Impact Assessment		
<b>Ansawdd</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality</i> <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.



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Cwm Taf Morgannwg  
University Health Board

<b>Cydraddoldeb a'r Gymraeg</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> <b>Equality and Welsh Language</b> <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.
<b>Cyfreithiol / Legal</b>	There are no specific legal implications related to the activity outlined in this report.	
<b>Enw da / Reputational</b>	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
<b>Effaith Adnoddau</b> <i>(Pobl / Ariannol) /</i> <b>Resource Impact</b> <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	

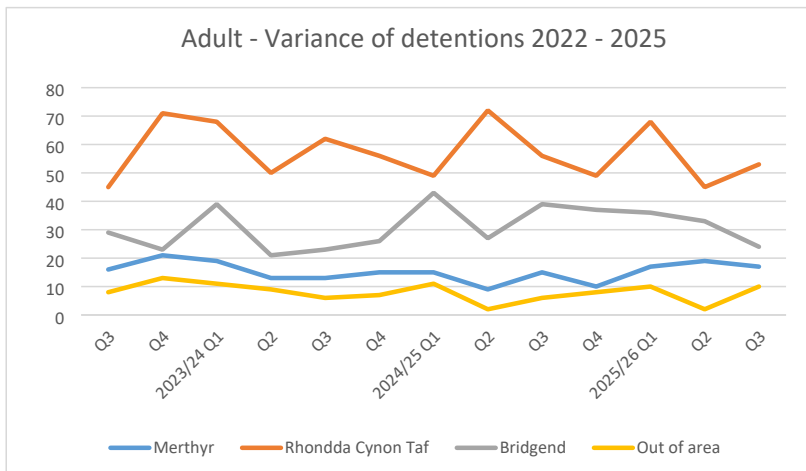
## 5. Recommendations

The MHAMC is asked to note the review of Mental Health Act activity within Adult Mental Health Services and the areas for ongoing monitoring and review by the Operational Group.

**6. Appendices 1 to 8**

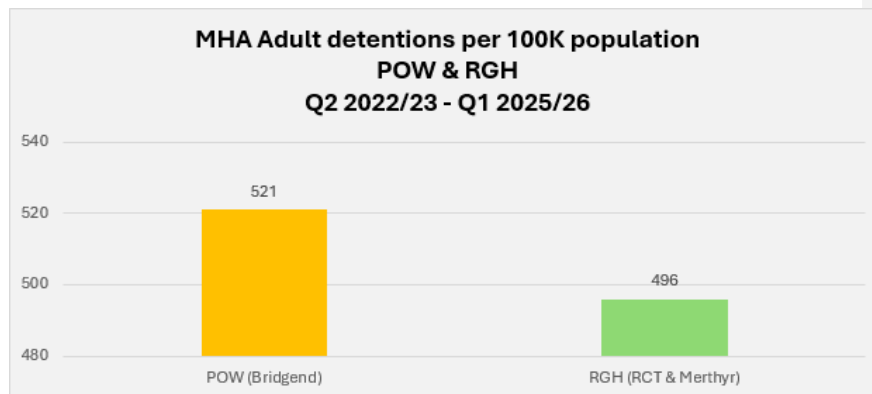
**Appendix 1**

Overall Pattern of Adult Mental Health Detentions



**Appendix 2**

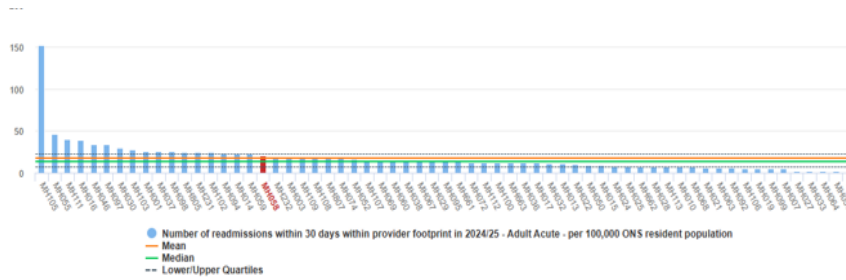
Comparison of Mental Health Act admissions 2022-2025 for the Princess of Wales Hospital and the Royal Glamorgan Hospital – per 100K resident population





### Appendix 3

Number of readmissions within 30 days within provider footprint in 2024/25 – Adult Acute – Per 100K ONS resident population

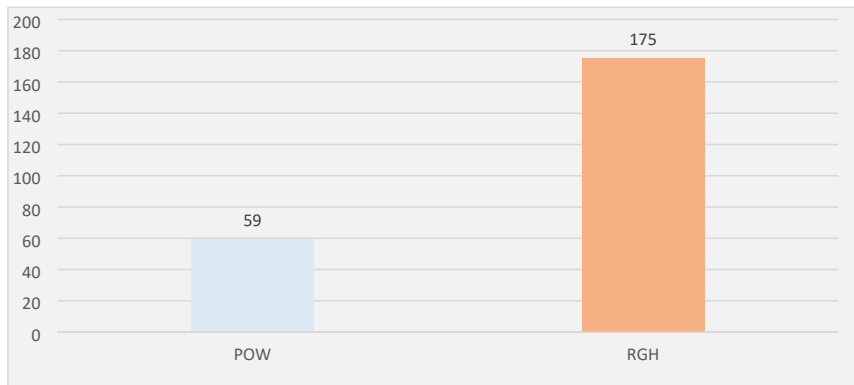


Sample Information

	Lower Quartile	Mean	Median	Upper Quartile
All Organisations	7.41	17.32	13.40	22.41

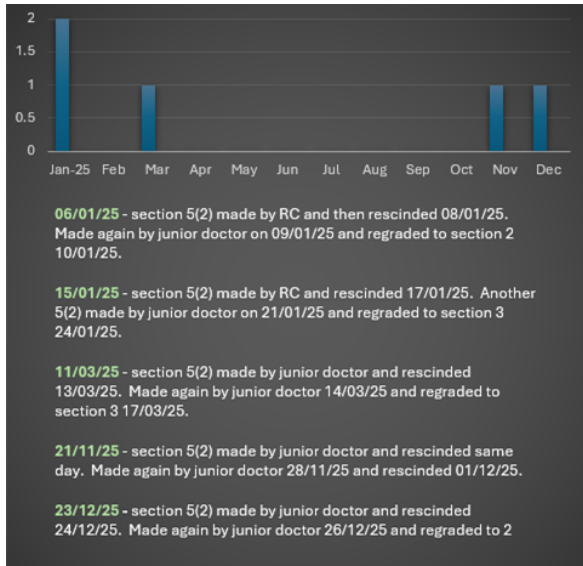
### Appendix 4

MHA Adult – use of section 5(2) in POW and RGH 2022 – 2025



### Appendix 5

Repeat use of Section 5(2) on individual inpatients withing one week time period Jan-Dec 2025



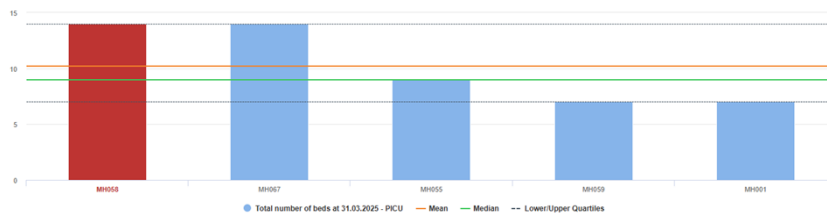
### Appendix 6

Total number of occupied bed days (excluding leave) in 2023/24 – Adult Acute – per 100K ONS resident population



### Appendix 7

Total number of beds at 31.03.2025 – PICU – Welsh peer group

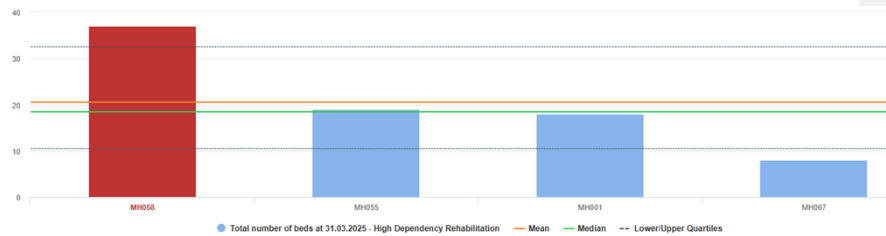


Sample Information

	Lower Quartile	Mean	Median	Upper Quartile
All Organisations	7.00	10.20	9.00	14.00

### Appendix 8

Total number of beds at 31.03.2025 – High Dependency Rehabilitation – Welsh peer group



Sample Information

	Lower Quartile	Mean	Median	Upper Quartile
All Organisations	10.50	20.50	18.50	32.50



## Mental Health Act Monitoring Committee

### MENTAL HEALTH ACT OPERATIONAL GROUP REPORT

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	25/02/2026
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Robert Goodwin, Directorate Manager, CAMHS & Specialised Services
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Robert Goodwin, Directorate Manager, CAMHS & Specialised Services
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Julie Denley Deputy Chief Operating Officer

<b>Pwrpas yr Adroddiad / Report Purpose</b>	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
CAMHS	Child and Adolescent Mental Health Service
IMHA	Independent Mental Health Advocacy
AWOL	Absent Without Leave
SOAD	Second Opinion Appointed Doctor
MHAMC	Mental Health Act Monitoring Committee

RCP	Royal College of Psychiatry
NHSWP&I	NHS Wales Performance & Improvement
HIW	Healthcare Inspectorate Wales
RCTCBC	Rhondda Cynon Taf County Borough Council
MTCBC	Merthyr Tydfil County Borough Council



## 1. Situation /Background

The Operational Group has met on one occasion since the last meeting of the Mental Health Act Monitoring Committee which took place 4<sup>th</sup> December 2025. The meeting on 29<sup>th</sup> January 2026 was well attended with representatives from across Adult Mental Health Services, Child and Adolescent Mental Health Service (CAMHS), Mental Health Act Team, Social Services, South Wales Police and the Ambulance Service.

## 2. Specific Matters for Consideration

### 2.1 Healthcare Inspectorate Wales (HIW)– Inspection visits to Ty Llidiard and Taf Community Mental Health Team (CMHT)

HIW have recently completed inspection visits to Taf CMHT between 13<sup>th</sup> and 14<sup>th</sup> January 2026 and Ty Llidiard between 14<sup>th</sup> and 16<sup>th</sup> January 2026. Whilst the formal reports following the visits have yet to be received the informal feedback on the use of the Mental Health Act (MHA) was positive.

### 2.2 Mental Health, Learning Disability Services and Mental Health Act Monitoring – HIW Annual Report 2024-2025

HIW is responsible for monitoring how health boards and independent providers in Wales exercise their powers and duties under the MHA. This statutory function is carried out on behalf of Welsh Ministers and forms a core part of HIW's role in providing assurance about the quality, safety, and effectiveness of mental health services.

HIW monitoring includes:

- On-site inspections to assess how providers apply their powers and responsibility under the Act.
- Reviewing detention documentation to ensure individuals are lawfully detained.
- Speaking with patients and staff, observing care practices, and consulting with MHA administrators to understand how the Act is managed within healthcare settings.
- Operating the Second Opinion Appointed Doctor (SOAD) service, which provides independent medical opinions in specific cases.
- Reviewing complaints related to the MHA and, where necessary, conducting our own investigations if we are not satisfied with the provider's response.

HIW findings

There were numerous examples of good practice identified in the report:

- Statutory detention documentation was consistently compliant with the Act and Code of Practice
- Care plans were detailed and reflected active patient involvement.

- MHA records were well organised, securely stored and easy to navigate.
- Patients rights were regularly explained and documented with access to advocacy services routinely available.
- MHA administrators ran efficient and effective systems to support implementation, monitoring and review of legal requirements.
- Capacity assessments had improved since previous inspections and were clearly documented.
- Training and audit activity were evident in some services with administrator delivering ward-based sessions and participating in national forums to share good practice.

HIW considered these findings to reflect a strong foundation of legal compliance and a clear focus on upholding the rights and dignity of individuals subject to the Mental Health Act. Despite these positive findings the inspections also identified recurring issues across both NHS and independent services. Some of these are listed below.

### **Section 17 Leave;**

- Leave authorisation forms were not consistently shared with patients or family members.

### **Consent to Treatment and Capacity;**

- Delays in referring patients for SOAD reviews under Section 62.

### **Documentation and Record Keeping;**

- Legal status was not consistently recorded on Medication Administration Records (MAT charts)

### **Patient Rights and Advocacy;**

- Patients were not always reliably informed of their rights, and this was not consistently documented.

### **Governance and Oversight;**

- Delays in reviewing Section 117 aftercare arrangements. The Operational Group agreed that the findings of the HIW report could be used as a helpful guide in planning the groups work. It was noted that the Section 17 leave audits were being rolled out following their completion in Ty Llidiard and Ward 14 Princess of Wales Hospital.

## 2.3 Health Inspectorate Wales (HIW) - Second Opinion Appointed Doctors (SOADs) handbook

This handbook is intended to provide general guidance for SOAD’s with an outline of good practice. HIW has a legal duty to appoint and maintain a list of appropriately qualified medical practitioners to provide independent opinions under the Mental Health Act. This is crucial for safeguarding patients’ rights and ensuring that patients are receiving appropriate psychiatric treatment under the relevant legislation.

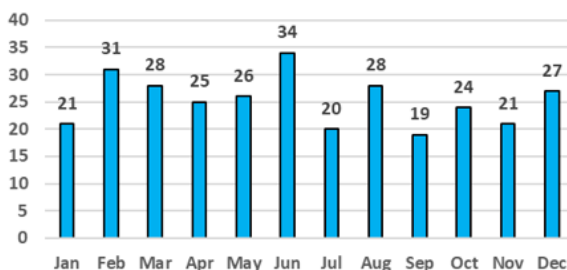
The second opinion appointed doctors (SOADs) role is to provide an independent opinion on treatment and therefore fulfils an important safeguarding function. This role is exercised for patients who lack capacity or are capaciously refusing treatment.

The Operational Group considered some of the guidance points including the issuing of a CO3 without being able to meet the patient face-to-face, by phone or video conference. This may be because the patient refused to speak to the SOAD. In such circumstances the SOAD should describe what attempts have been made to contact the patient.

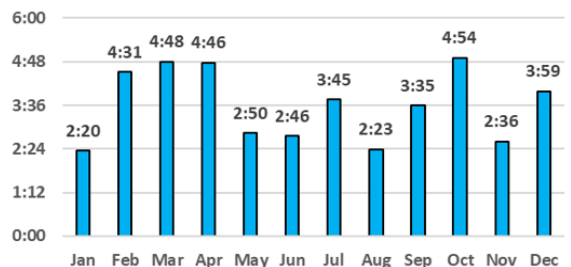
## 2.4 Waiting Times for Section 136 Assessments January – December 2025

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 waiting times before handover to the assessing team.

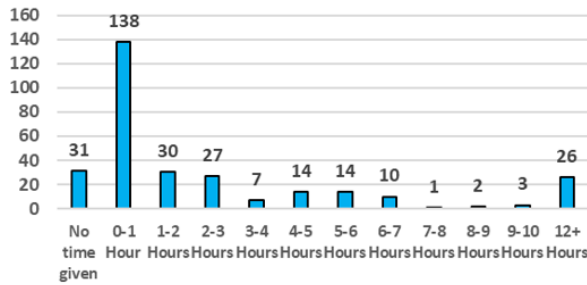
Graph 1. Total No. of Section 136 Detentions



Graph 2. Average of Total Officer Waiting Time



Graph 3. Total Officer Waiting Time



Graph 2 above shows an increase in average total officer waiting times for October and December 2025. This was being driven by reported longer waits in the Health Boards Place of Safety facilities. The Operational Group were encouraged that the South Wales Police had not escalated any extended waits during Q3.

Graph 3 shows 169 Section 136 applications having Police waits of less than 1 hour over the year. This is 56% of the total Section 136 applications made during the 12 months period. 199 Section 136 applications were reported as being seen within 2 hours this is 66% of total applications. Police colleagues have advised that when no time is given on the police app this is usually because there was no significant waiting time.

The Group discussed the total Officer waiting time in the Place of Safety and reasons for individual waits which could include access to an inpatient bed. It was anticipated that the agreed revision to the Section 140 Policy which permitted the admission of patients above normal numbers when this was required and following careful risk assessment may help to reduce waiting times.

The total officer waiting times in Emergency Departments had decreased in November and December 2025. The main delays continuing to be intoxication and medical concerns. There was a discussion in the operational group around data accuracy for some of these emergency department waiting times. The informatics department would be asked to review this. The Group would also focus on waits over 12 hours.

## 2.5 Section 136 Policy Update

Multiagency colleagues from our region attended a national workshop in November which was convened to better understand the use of Section 136 across Wales and make recommendations for the future. A report from this national workstream will be submitted to the National Acute and Crisis Care Delivery Group. A number of themes emerged in the workshop including the need for a national approach to conveyance, training and the development of a national data set. The challenge of timely handover from the Police particularly in Emergency Departments and the provision of modern Place of Safety suites were also considered.

## 2.6 Place of Safety Facilities in the Health Board

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

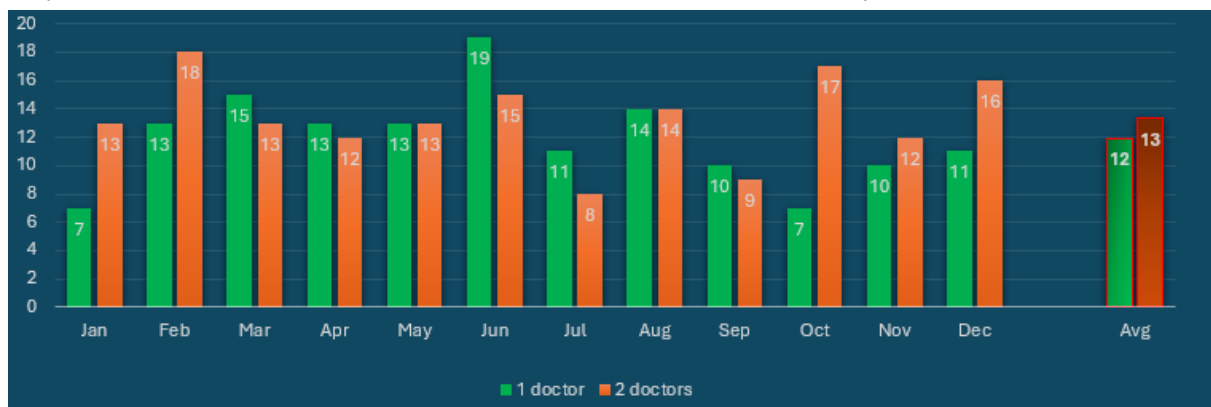
A midpoint review has been completed in relation to this temporary change and there has been positive feedback from the Crisis Team, Police and AMHPs. The feedback has noted the improvement in waiting times together with the delivery of the service within a more clinically appropriate and safer environment. The capital works to the suite are in line with RCPsych standards and are due to be completed in the early spring. It has been agreed that the temporary arrangements described above would continue until the works are complete.

There was discussion around the use of Place of Safety facilities in the Health Board by younger people under the age of 18. It was proposed that young people over the age of 17 years and 6 months should be able to access the adult Place of Safety facilities. It was agreed that the chair of the group would take this forward with the Adult Services Directorate.

## 2.7 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 increase in the number of two doctor assessments from October to December 2025. Second doctors are required as part of the assessment process if Detention is necessary.

Graph 4. Number of section 136 assessments and medical attendance – January 2025 – December 2025



5 of the 16 two doctor assessments in December were within hours. These resulted in 3 detentions and 2 discharges with community follow up. 11 of the assessments with two doctors were Out of Hours. These resulted in 4 detentions, 2 informal admissions and 5 discharges with community follow up.

The Group considered that there will be occasions when the referral information in relation to a Section 136 assessment is of such concern or complexity that it may be appropriate and proportionate to arrange a second doctor from the outset. It was however suggested that regular use of two doctor assessments could have a potentially negative impact on the experience of the person being assessed and have resource consequences. Trying to find a second doctor may contribute to unnecessary delays and should normally only be considered at the outset when Detention is a significant possibility.

The Group have agreed to review the particular details of the Out of Hours assessments where two doctors were used.

## **2.8 Review of Section 135 (1) and 135 (2)**

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



## 2.9 Section 12 Solutions App

The Group considered a pilot scheme funded and commissioned by Social Care Wales for the Section 12 Solutions App which is used by a number of Local Authorities and NHS providers in England. The App is a digital platform which helps approved Mental Health professionals (AMHPs) and Section 12 doctors with the process of setting up assessments under the MHA 1983.

S12 Solutions is an app and website that allows you to

- Add your availability for s.12 work
- Edit or delete your availability as required
- Make yourself available for s.12 work wherever you are by updating your Starting Postcode; if you click Add Availability, you will notice that the Base Postcode saved to your Profile is the default Starting Postcode in your Add Availability / Details view. You can edit your Starting Postcode to reflect your location for the duration of time you go on to add, allowing you to easily make yourself available in different locations
- Submit digital claim forms
- Submit digital MHA forms

Discussions are progressing with the provider involving AMHP, Health and Information Governance colleagues.

## 2.10 Mental Health Act Activity Report Q3, October – December 2025

The Group considered the small changes to the number of adults, older peoples and CAMHS Detentions in Q3, all within expected limits of variation. Whilst the number of patients subject to CTOs increased slightly to 22 the trend continued downwards. Just 7 of the 68 Section 136 Detentions were discharged with no follow up. The Group considered the continuing use of Section 62 urgent treatment and considered the November 2025 figure of 9 may have been due in part to medical staffing challenges at the time. The Group were monitoring the timing of SOAD requests. Whilst there had been 2 invalid Section 5(2)s in Q2 there were none in Q3. 19 Section 5(2)s resulted in Detention in Q3 and 16 resulted in informal admission. The Operational Group agreed to further review occasions when patients were subject to 5(2) on 2 occasions within the same week.

## 2.11 Mental Health Act Errors and Breaches Q3, October – December 2025

The number of minor rectifiable errors was on a declining trend with just 3 recoded in Q3. These were related to the incorrect completion of a single HO2

form (Application by AMHP for admission for assessment), a single HO6 form (Application by AMHP for admission for treatment) and a single HO8 form (Medical recommendation for admission for treatment). There were no fundamental breaches in Q3. It was very pleasing to note that 5 of the previous 6 quarters had recorded no fundamental breaches. There were also no lapses of Detention in Q3. The Group were confident that together with the Mental Health Act team the focus on regular service area Mental Health Act audits and training around the check list had contributed to this improved performance.

## 2.12 Mental Health Act Bill

The Mental Health Bill 2025 officially became law as the Mental Health Act 2025 after receiving Royal Assent on 18 December 2025. This landmark legislation modernises the 1983 Act to give patients more autonomy and reduce the inappropriate detention of autistic people and those with learning disabilities.

### Key Reforms

- **Autism and Learning Disabilities:** People can no longer be detained for treatment under Section 3 solely because they are autistic or have a learning disability. They must have a co-occurring psychiatric disorder to be held for treatment.
- **Stricter Detention Criteria:** The threshold for detention has been raised. Clinicians must now provide evidence that "serious harm" may be caused to the patient or others if they are not detained.
- **Choice and Autonomy:**
  - **Nominated Person:** Patients can now choose a "Nominated Person" to represent them, replacing the previous "Nearest Relative" system.
  - **Advance Choice Documents:** Health Boards and local authorities have a statutory duty to help patients create documents outlining their treatment preferences for future crises.
- **Places of Safety:** Police stations and prison cells are prohibited from being used as "places of safety" for people in a mental health crisis.
- **Prison Transfers:** A new 28-day statutory time limit has been introduced for transferring prisoners who require urgent mental health treatment to a hospital.

The Act will be phased in over 8 to 10 years to allow services to recruit staff and build community capacity. Further information on the implementation timeline and the development of a new Code of Practice in Wales are expected shortly.

## 2.13 Mental Health Review Tribunal for Wales Update

The Operational Group reviewed a written statement from Welsh Government in relation to Medical Membership of Tribunals. A technical issue had been identified in relation to the definition of 'Registered Medical Practitioners' in the Mental Health Act 1983 which requires appointments to the Mental Health Review

Tribunal for Wales to hold both General Medical Council (GMC) registration and a licence to practice. The proposal, which was supported in the Senedd seeks to give effect to the policy intention that the qualifying criteria for medical members of the Tribunal is to be registered within the meaning of the medical act but they are not required to hold a licence to practice.

The Group also considered a decision by the Mental Health review Tribunal to revert to hearing by video conference arrangements in all but exceptional circumstances. This change will be in place for a three-month period ending 28.02.2026 because of staffing challenges related to properly constituting Tribunal panels.

#### **2.14 Independent Mental Health Advocacy Q3 October – December 2025**

The Q3 IMHA report had not been submitted to the group because of absence within the team. The Operational Group agreed to consider both the Q3 and Q4 reports at their next meeting.

#### **2.15 Progress on Deep Dive into Adult Mental Health Detentions**

The Operational Group reviewed a draft document for consideration by the MHAMC. There was discussion on the use of Detention and the stable pattern shown in the timelines. The number of Mental Health Act admissions per 100k resident population was below the lower quartile for the UK benchmark and our services were the lowest in Wales. There was discussion around least restrictive practice verses over reliance on informal admissions. It was reassuring that the readmission rate within 30 days was close to the UK mean per 100k resident population.

#### **2.16 Section 117 Aftercare Oversight & Monitoring Arrangements Across Wales**

The NHSWP&I Performance and Assurance team have been asked to provide an understanding of the oversight and monitoring arrangements for Section 117 across Wales the aim of this will be to:

- Understand how statutory duties under Section 117 of the Mental Health Act are met.
- Identify current approaches to oversight and monitoring for Section 117 in Wales.
- Understand the arrangements for training and supervision for the staff who provide Section 117 aftercare.
- Highlight best practices, areas for improvement, and ways to enhance consistency across regions.

We have been engaging with the Performance and Improvement team who aim to complete their field work and final report by the end of March 2026. The

Operational Group were also continuing with their work to coordinate the cleansing of the existing Section 117 aftercare register. This would be completed for review at the next meeting.

## 2.17 Operational Policy Review

The MHA team had made very good progress on the review of Operational Policies. The Health Board's Risk Assessment Tool had been applied to each of the approved policies. A list of ratified and policies subject to review is shown in Table 1 below.

*Table 1. Schedule of Mental Health Act Operational Policies and their approval*

REF NUMBER	TITLE	LEAD PERSON	PROGRESS
MH04	Community Treatment Policy	AT	Agreed In Operational meeting. 15/10/2021. Ratified in MHAMCM- 04/12/2023
MH06	Section 5(4)	AT	Agreed in the Operational Group 27/01/2023. Ratified in MHAMCM- 04/12/2023
MH07	Section 5(2)	JB	Agreed in the Operational Group meeting 28/04/2023. Ratified in MHAMCM- 04/12/2023
7MH08	Consent to Treatment Sec 58 and Sec 58a	AT	Agreed in the Operational Group meeting 28/04/2023. Ratified in MHAMCM- 04/12/2023
MHA117	Section 117 Policy	JB	Agreed in the Operational Group meeting on 28/07/2023. Ratified in MHAMCM - 04/12/2023
MH12	Section 17 leave policy	JB	Agreed in the Operational Group meeting 26/01/2024. Ratified in MHAMCM- 06/03/2024
MH28	Hospital Managers Scheme of Delegation	AT	Agreed in the Operational Group meeting 26/01/2024. Ratified in MHAMCM- 06/03/2024
MH17	Section 132&133 patients rights' procedure	JB	Agreed in the Operational Group meeting 26/01/2024. Ratified in MHAMCM- 06/03/2024
MH09	Hospital Managers Operational Procedure	JB	Agreed in the Operational Group meeting 26/01/24.



			Ratified in the MHAMCM- 05/06/2024.
New	Section 140 Policy	RG	Revision agreed in the operational group meeting 25/7/2025. For approval in Care Group Policy Committee and Executive Management Board.
New	Allocation of Responsible Clinician	AT	Agreed at the Operational Group meeting on 07/11/2024. Ratified in the MHAMCM on 19/02/2025.
New	Standard Operating Procedure for S117	AT	Agreed at the Operational Group meeting on 07/11/2024. Ratified in the Executive Management Board on 25/11/2024.
MH03	Section 136		South Wales Police to update policy with partners.
MH02	Section 135(1) Section 135(2)		South Wales Police to update policy with partners.

AGREED
  FOR REVIEW

## 2.18 Operational Group Work Plan

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

Table 2. Operational Group Work Plan

Activity	Progress	Timescale
<b>Service user feedback</b>	Advocacy Support Cymru to circulate CTO Questionnaire involving the patients care coordinator.	April 2026
<b>Policy Work</b>	The South Wales Police have begun an engagement process in relation to the renewal of the Section 136 Policy. The engagement event which took place 3 <sup>rd</sup> October 2025 was reviewed in the Operational Group meeting held on 22 <sup>nd</sup> October 2025.	April 2026
<b>Review of the Section 135</b>	Following the Deep Dive the Operational Group is coordinating the development of a Standard Operating Procedure to guide staff making a Section 135 application to the court.	April 2026



<b>Review of Statutory Documentation</b>	Completion of a deep dive into service wide compliance of statutory documentation.	April 2026
<b>Equality and Welsh Language</b>	Impact assessment screening to be completed by the Operational Group.	April 2026
<b>Quality Impact Assessment</b>	Screening exercise to be completed by the Operational Group.	April 2026
<b>Review of Section 136 waiting times</b>	Completion of a deep dive into Emergency Department waiting times.	July 2026
<b>Review of Section 62</b>	Completion of a deep dive into the use of Section 62 Emergency Treatment and the timing of SOAD applications.	October 2026
<b>Review of Section 117</b>	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.	January 2027

### 3. Key Risks / Matters for Escalation

#### 3.1 Mental Health, Learning Disability Services and Mental Health Act Monitoring – HIW Annual Report 2024-2025

This report has identified areas of good practice and where further work is required across Wales. Our services perform well against these areas following recent HIW inspections.

#### 3.2 Waiting Times for Section 136 Assessments

Further work is required to reduce waiting times in relation to police handover particularly in the Emergency Department setting.

#### 3.3 Section 136 Policy Update

A national workstream is to report into the National Acute and Crisis Care Delivery Group. A number of themes emerged from a recent Section 136 workshop including the need for a national approach to conveyance, training and the development of a national data set. The challenge of timely handover from the Police particularly in Emergency Departments and the provision of modern Place of Safety suites were also considered.

#### 3.4 Mental Health Act Errors and Breaches

Very pleasing to note no fundamental breaches in 5 of the previous 6 quarters. This has been facilitated by regular service audit from the Mental Health Act team and a focus on training and the statutory form checklist.

### 3.5 Mental Health Act Bill

The Mental Health Bill 2025 officially became law as the Mental Health Act 2025 after receiving Royal Assent on 18 December 2025. This landmark legislation modernises the 1983 Act to give patients more autonomy and reduce the inappropriate detention of autistic people and those with learning disabilities.

The Act will be phased in over 8 to 10 years to allow services to recruit staff and build community capacity. Further information on the implementation timeline and the development of a new Code of Practice in Wales are expected shortly.

### 3.6 Section 117 Aftercare Oversight & Monitoring Arrangements Across Wales

The NHSWP&I Performance and Assurance team have been asked to provide an understanding of the oversight and monitoring arrangements for Section 117 across Wales. Colleagues have been engaging with the performance and improvement team with their All-Wales Report scheduled to be completed by the end of March 2026.

## 4. Assessment

Objectives / Strategy	
<b>Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)</b>	Improving Care
	If more than one applies please list below:
<b>Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas</b>	Not Applicable
	If more than one applies please list below:
<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals</b> <a href="#">150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</a>	A More Equal Wales
	If more than one applies please list below:
<b>Dolen i Hwyluswyr Ansawdd</b>	Data to Knowledge



<p>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</p> <p><b>Link to Enablers of Quality</b></p> <p>(<a href="#">Duty of Quality Statutory Guidance (gov.wales)</a>)</p>	Learning, Improvement & Research
<p><b>Dolen i Feysydd Ansawdd</b></p> <p>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</p> <p><b>Link to Domains of Quality</b></p> <p>(<a href="#">Duty of Quality Statutory Guidance (gov.wales)</a>)</p>	<p>Safe</p> <p>If more than one applies please list below:</p> <p>Effective</p> <p>Equitable</p> <p>Person Centred</p>
<p><b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b></p>	<p>No - Not Applicable</p> <p>If more than one applies please list below:</p>

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



<b>Effaith Adnoddau</b> <i>(Pobl /Ariannol) /</i> <b>Resource Impact</b> <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 3 (October – December) 2025/26**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	25/02/2026
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public
	Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Alison Thomas – MHA Manager Jeremy Burgwyn - MHA Team Lead
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Robert Goodwin – Directorate Manager, CAMHS and Specialist Services
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Gethin Hughes, Chief Operating Officer

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Noting
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<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)</b>		
<b>Committee / Group /Forum Individuals</b>	<b>Date</b>	<b>Outcome</b>
MHA office staff/ MHA Operational Meeting	29/01/2026	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
SPC	Statistical Process Control (SPC) charts
CMHT	Community Mental Health Team
LSSA	Local Social Services Authority
SOAD	Second Opinion Appointed Doctor



## 1. Background

1.1 The purpose of this report is to present activity data including errors and breaches regarding the application of the Act within CTMUHB. The report presents the MHA activity to the Mental Health Act (MHA) Monitoring Committee in respect of Q3 (Oct - Dec 2025/26).

The report covers Adult, Older Persons Mental Health and Child & Adolescent Mental Health Services (CAMHS) services managed by CTMUHB. A Glossary of terms is attached for ease of reference (Appendix 2.)

## 2. Specific Matters for Consideration

### 2.1 Adult Detentions

Graph 1

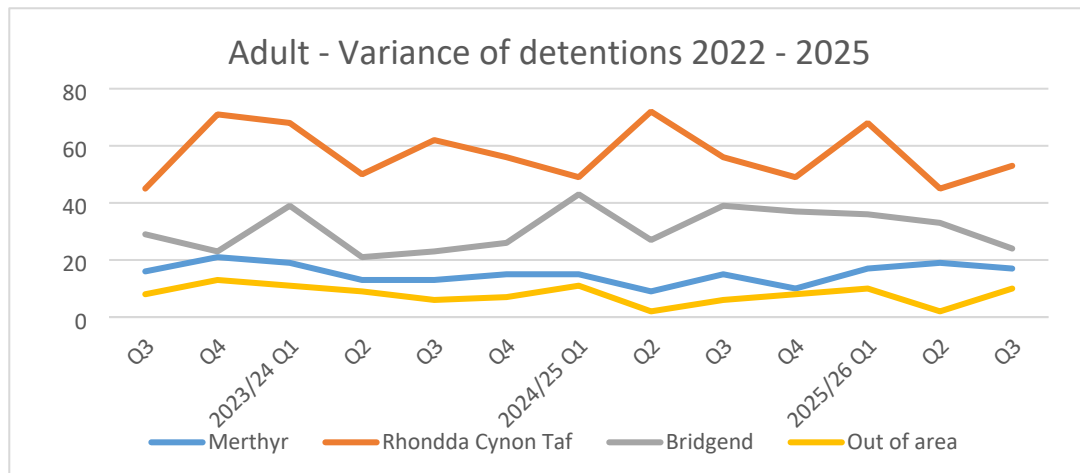
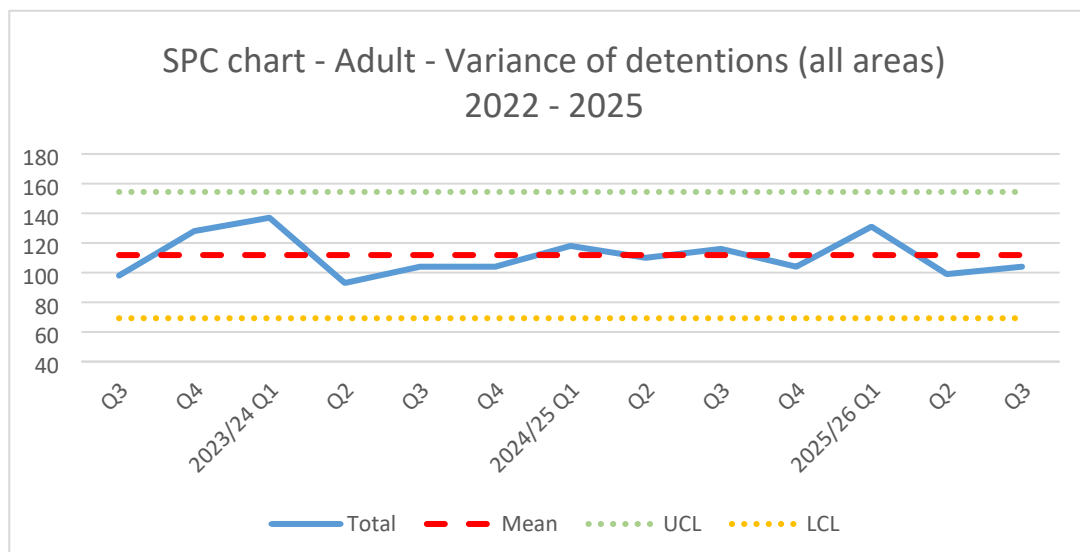


Chart 1



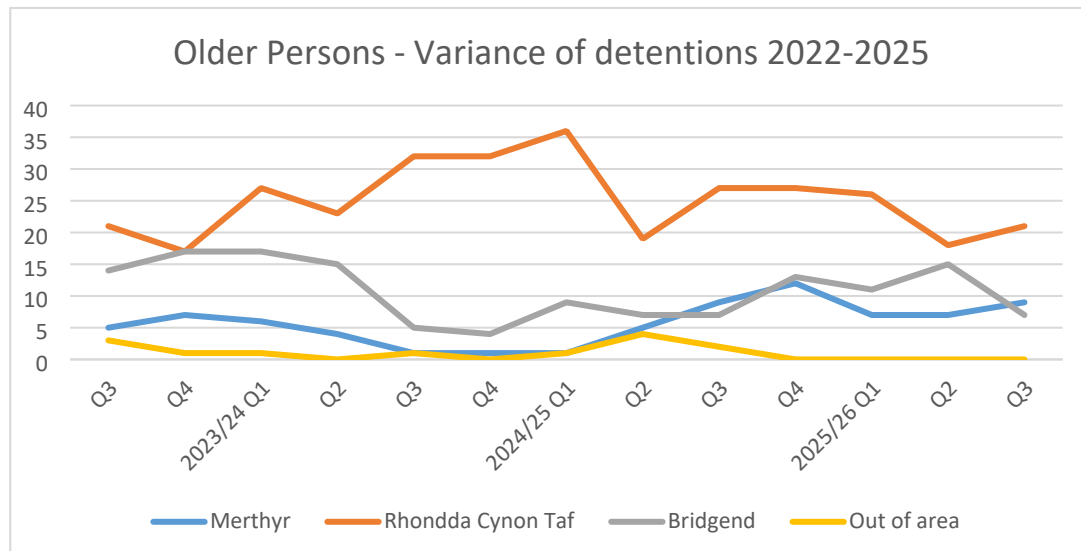
Despite slight variances from mean, Q3 figures are within a normal range and the Statistical Process Control (SPC) control limits for all areas. Further information on the utilisation of each section can be found on P16 of Appendix 1.

**Table 1**

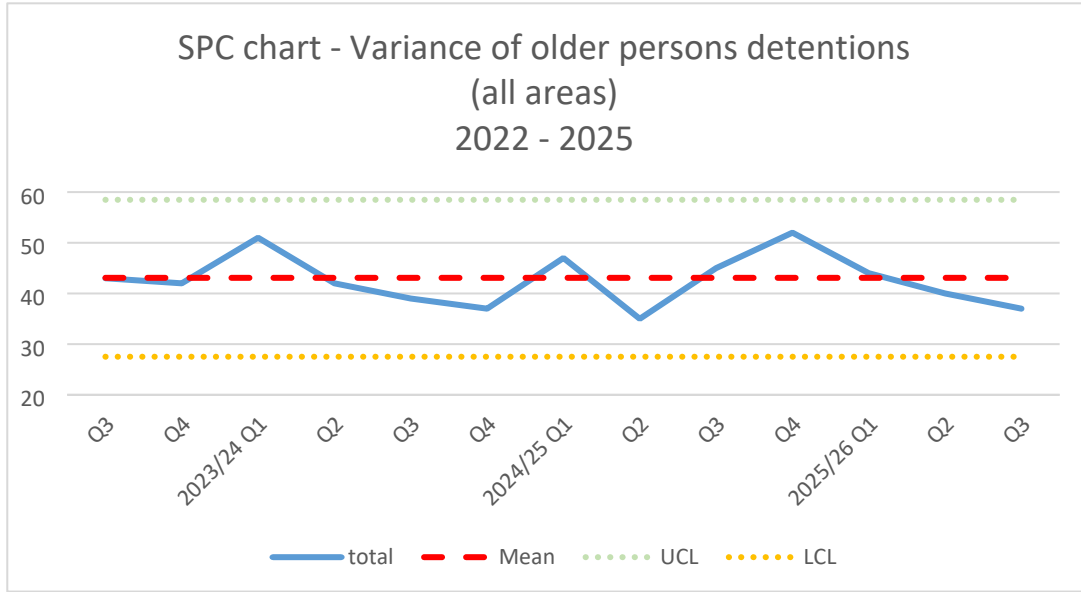
Locality	Mean 2022/25	Q3 2025/26
Merthyr	15	17
RCT	57	53
Bridgend	31	24
Out of area	10	10
<b>Total</b>	<b>113</b>	<b>104</b>

## 2.2 Older Persons Detentions

**Graph 2**



**Chart 2**



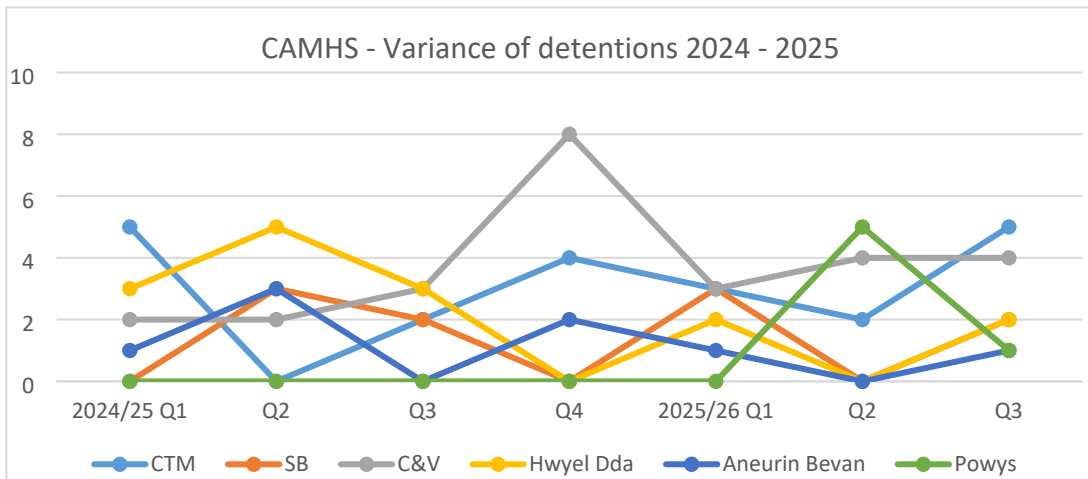
Despite slight variances from mean, Q3 figures are within a normal range and the SPC control limits for all areas. Further information on the utilisation of each section can be found on P17 of Appendix 1.

**Table 2**

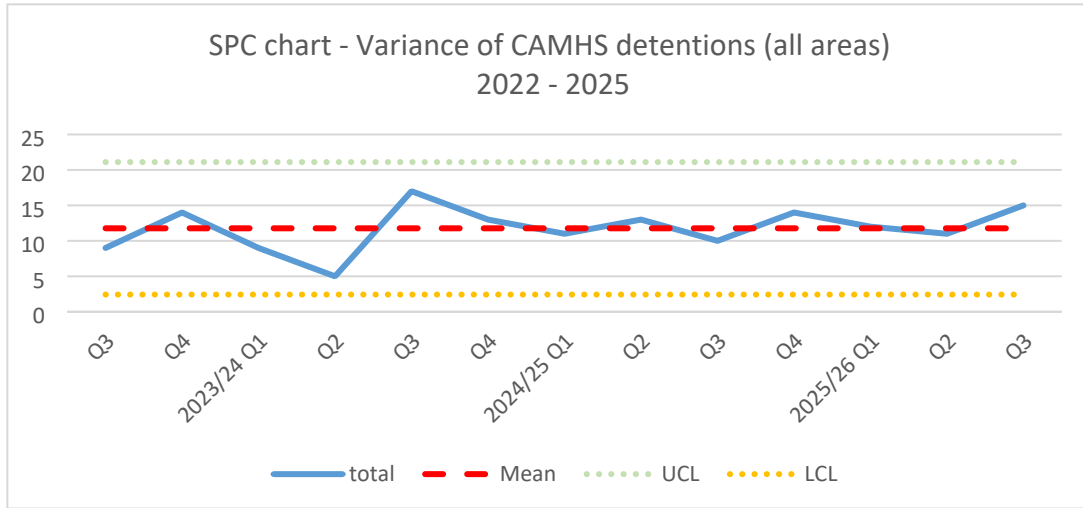
Locality	Mean 2022/25	Q2 2025/26
Merthyr	6	8
RCT	25	21
Bridgend	11	7
Out of area	1	0
<b>Total</b>	<b>43</b>	<b>36</b>

**2.3 CAMHS Detentions**

**Graph 3**



**Chart 3**



Despite slight variances from mean, Q3 figures are within a normal range and the SPC control limits for all areas. Further information on the utilisation of each section can be found on P18 of Appendix 1.

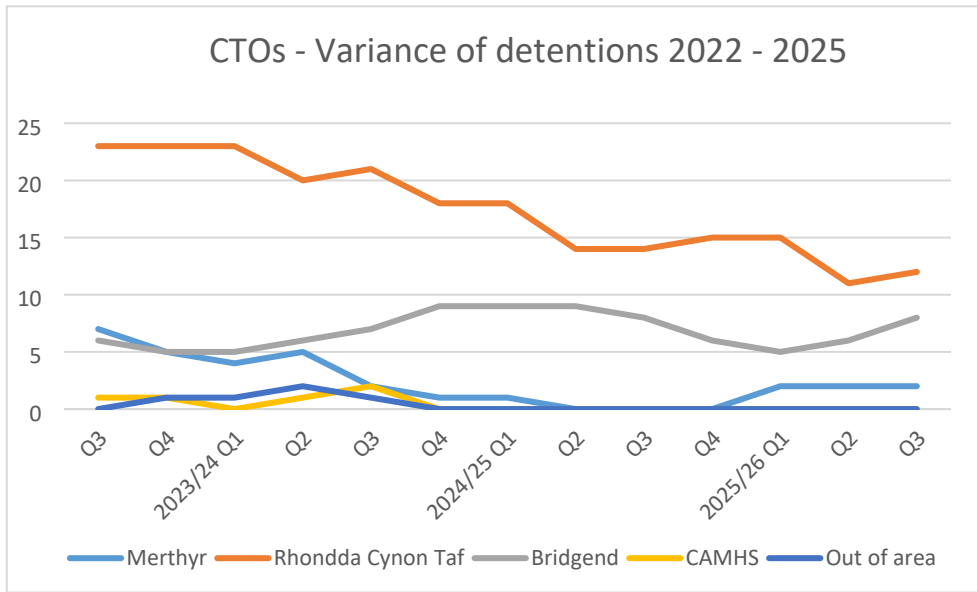
**Table 3**

Health Board	Mean 2024/25	Q3 2025/26
CTMUHB	3	5
SBUHB	2	2
C&VUHB	3	4
HDUHB	1	2
ABUHB	1	1
PTHB	1	1
<b>Total</b>	<b>11</b>	<b>15</b>

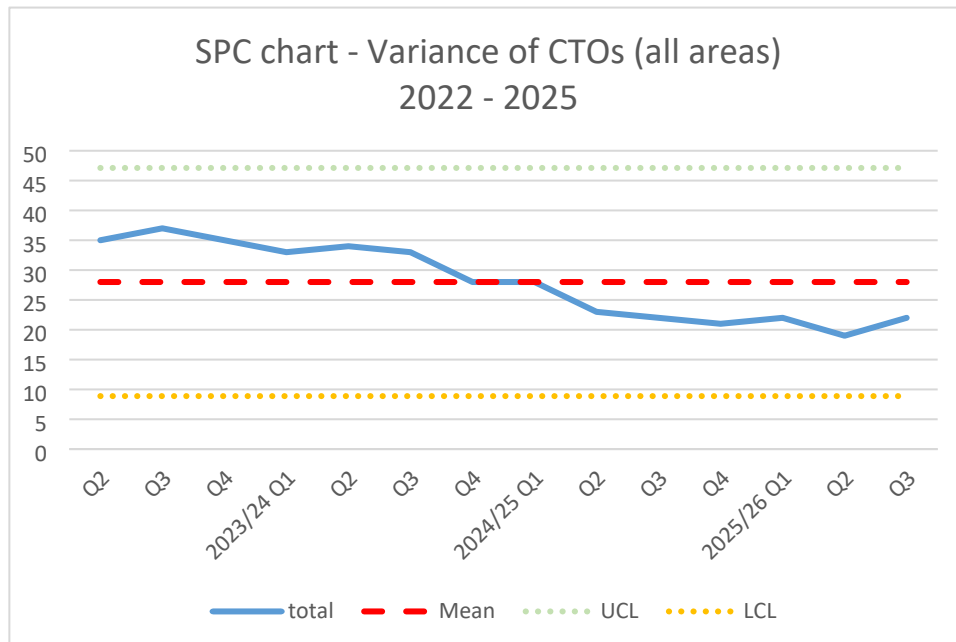
**2.4 Community Treatment Orders (CTO)**

The current CTOs in each area are shown below along with the table of mean figures for each area. There were 22 CTOs in place at the end of Q3.

**Graph 4**



**Chart 4**



**Table 4**

Locality	Mean 2023/25	Q3 2025/26
Merthyr	2	2
Rhondda Cynon Taf	17	12
Bridgend	7	8
CAMHS	0	0
Out of area	0	0
<b>Total</b>	<b>26</b>	<b>22</b>

The reduced use of CTOs is an established trend, which reflects the reduced use of CTOs across other Health Boards in Wales. Further information on P22 of Appendix 1 including breakdown of all CTO activity.

## 2.5 Use of Section 135/136 Police Powers

### Graph 5

This graph illustrates uses of Section 135/136 throughout the LSSAs from Q3 2022/23 to Q3 2025/26.

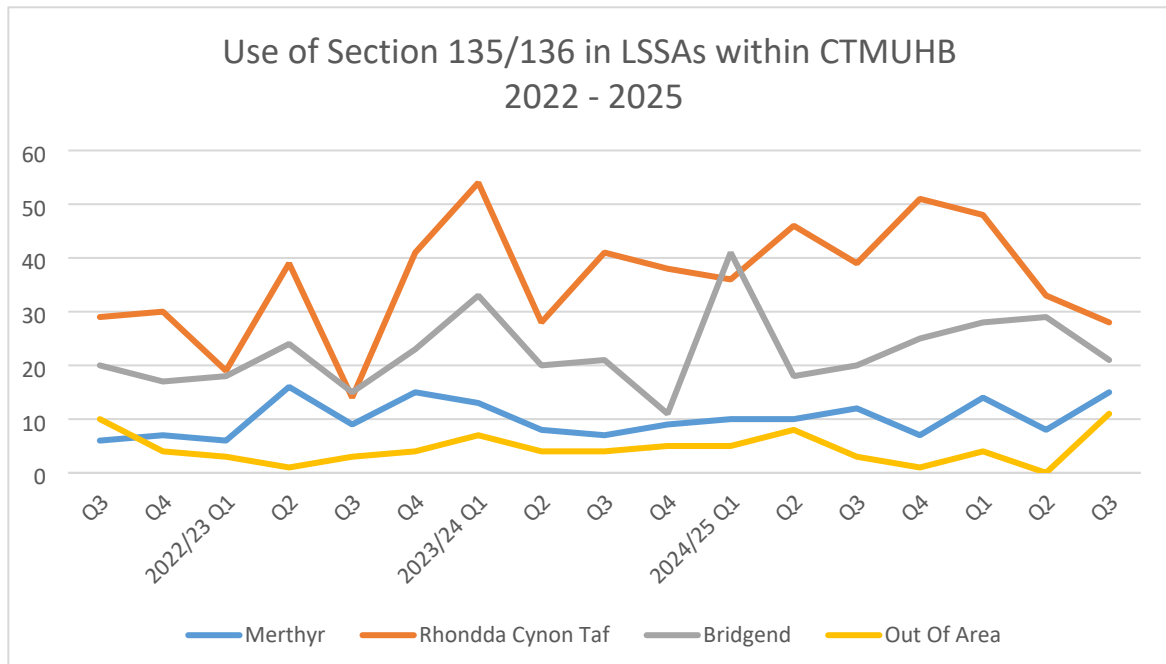
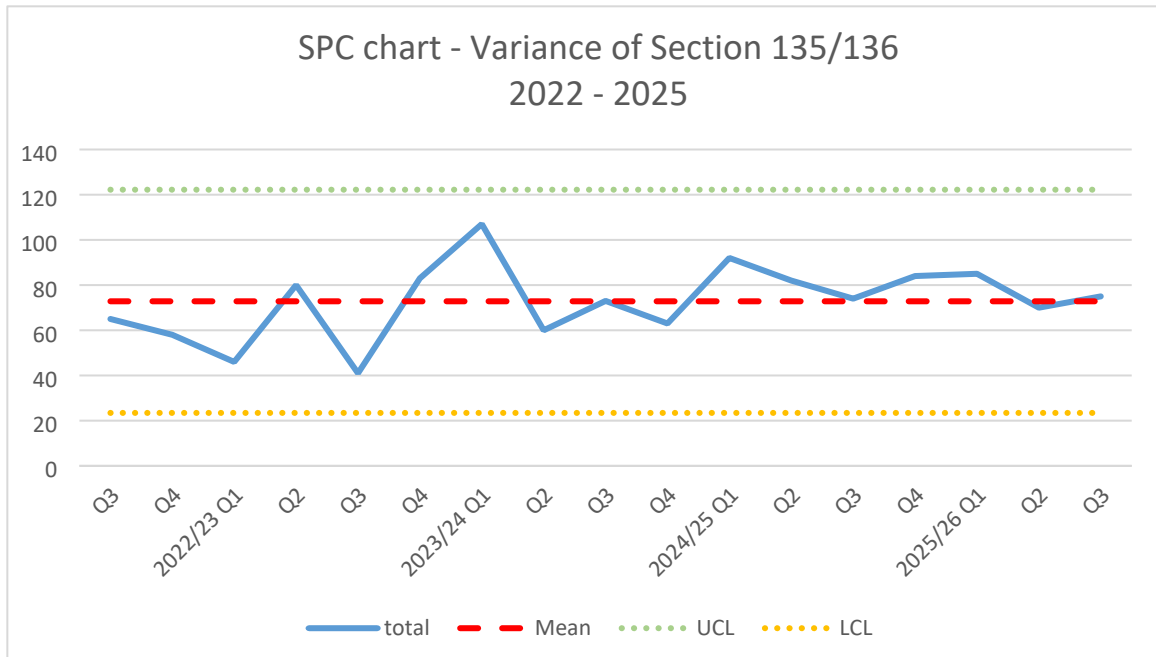


Chart 5



Despite slight variances from mean, Q3 figures are within a normal range and the SPC control limits for all areas. Further information on the outcomes of assessments can be found on P22 of Appendix 1.

**Table 5**

Use of Section 135 and 136 by area for Q3 2025/26, also with mean.

Area	Mean 2021/25	Q3 2025/26
Merthyr	10	15
Rhondda Cynon Taf	36	28
Bridgend	23	21
Out of area	5	11
<b>Total</b>	<b>74</b>	<b>75</b>

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

**2.6 Current Challenges**

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

During November and December, the MHA team have been experiencing problems in adult services in RGH with the absence of two Responsible Clinicians. In addition, the recruitment of Approved Clinicians, (AC) who are not AC approved in Wales has placed additional pressure on one Responsible Clinician (RC) to sign statutory documentation.

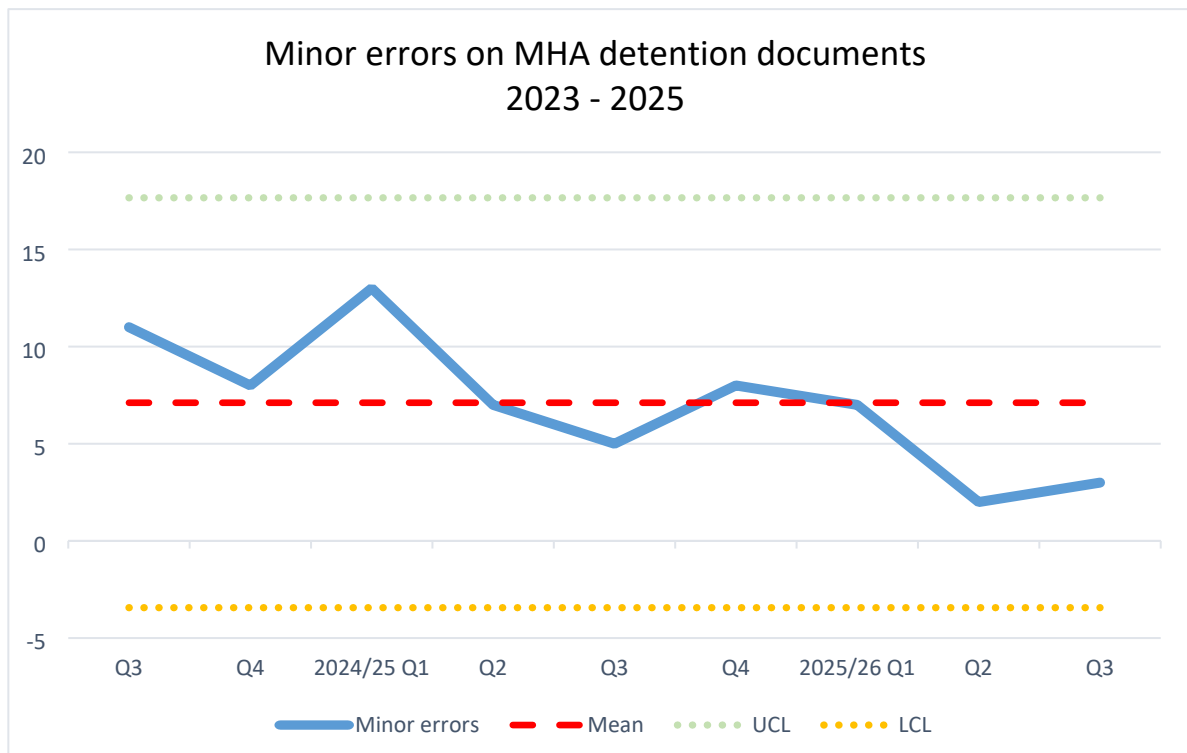
## 2.7 Errors and Breaches

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

### Rectifiable Errors

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

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



**Table 6**

The total number of minor errors across all services in Q3 was 3, compared to 2 found in Q2, all of which were rectified within the 14 -day time limit.

Rectifiable Errors		POW	Ty Llidiard	RGH	
Responsible for Error	Forms	PICU	Seren	Seren	Total
AMHP	HO2		1		1
AMHP	HO6	1			1
Doctor	HO3				0
Doctor	HO4				0
Doctor	HO8		1		1
Doctor or Nurse	HO12				0
Nurse	HO14				0
Other UHB	TC1				0
	<b>Total</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>3</b>

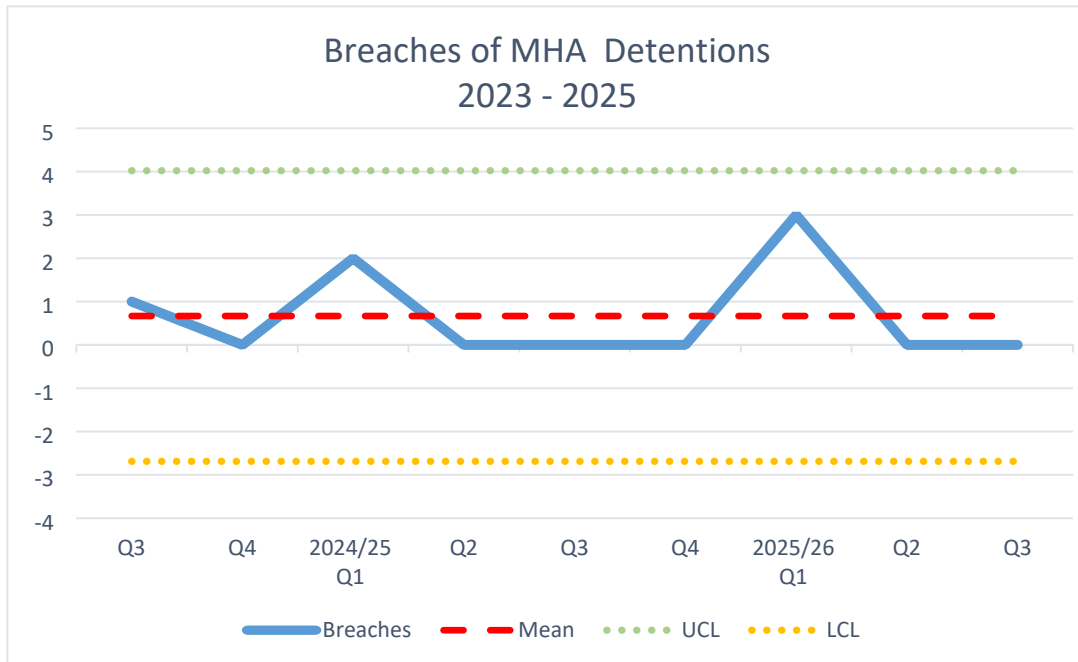
Fundamentally Defective

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

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

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

**Graph 7 – SPC: Breaches of MHA detentions within CTMUHB**

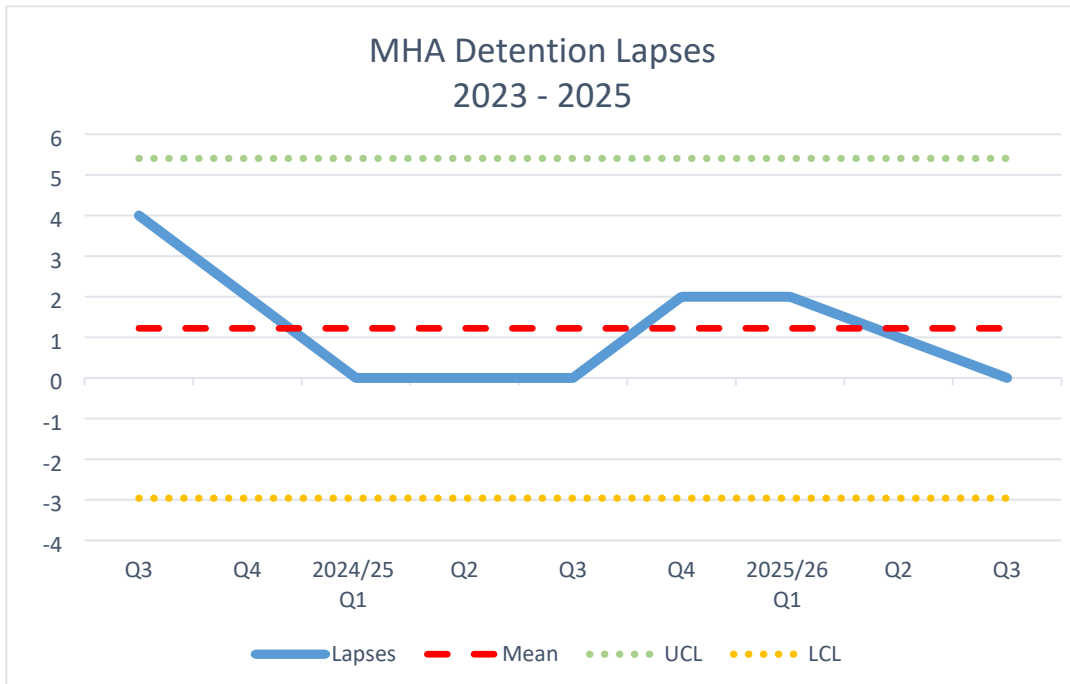


*There were no detentions found to be fundamentally defective during Q3 2025/26.*

### 2.8 Section Lapsing

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

### Graph 8 - SPC: Lapses of MHA detentions within CTMUHB



*There were no lapses of detention in Q3 2025/26.*

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

## 2.9 Managers Hearings/Mental Health Review Tribunals

A detailed breakdown of these figures is given on page 23/24 of the appendix.

## 2.10 Other activity

There were no instances of deaths of detained patients during this quarter during Quarter 3.

## Consent to Treatment

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



**Table 7**

<b>Use of urgent treatment Forms</b>	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>
Section 62	2	5	2	4	8	3
Section 64	0	2	0	0	1	0
<b>Total</b>	<b>2</b>	<b>7</b>	<b>2</b>	<b>4</b>	<b>9</b>	<b>3</b>

Further information on Consent to Treatment, including a detailed breakdown of the use of S62 is displayed on page 25 of Appendix 1.

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

### **3 Key Risks / Matters for Escalation**

- 3.3 The allocation of RCs is an ongoing challenge, which is associated with medical staffing issues in RGH.
- 3.4 The use of emergency treatment under Section 62/64 continues to be at raised levels, in part due to the medical staffing challenges. This is subject to an ongoing review by the Operational Group, particularly related to the submission of Second Opinion Appointed Doctor (SOAD) requests.



#### 4 Assessment

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

Impact Assessment		
<b>Ansawdd</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality</i> <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
<b>Cydraddoldeb a'r Gymraeg</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? / Equality and Welsh Language</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate):	If no, please include rationale below:



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

## 5 Recommendation

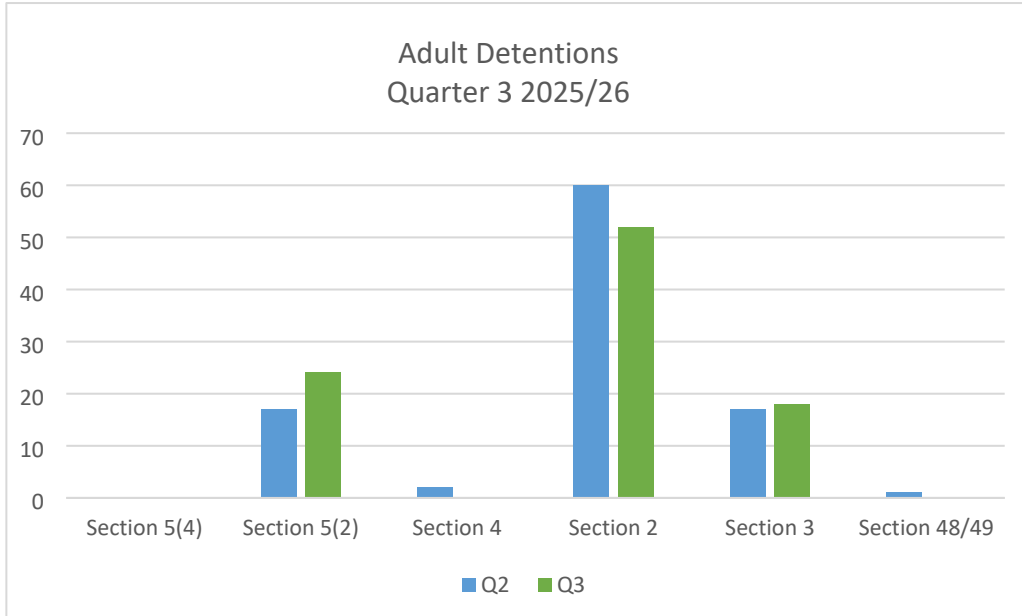
5.3 The MHA Monitoring Committee is asked to:

- Discuss and note the report.

## Appendix 1.

**Graph 1**

**Quarter 3 MHA Adult Activity 2025/26**



**Table 1**

**Quarter 3 MHA Adult Activity 2025/26**

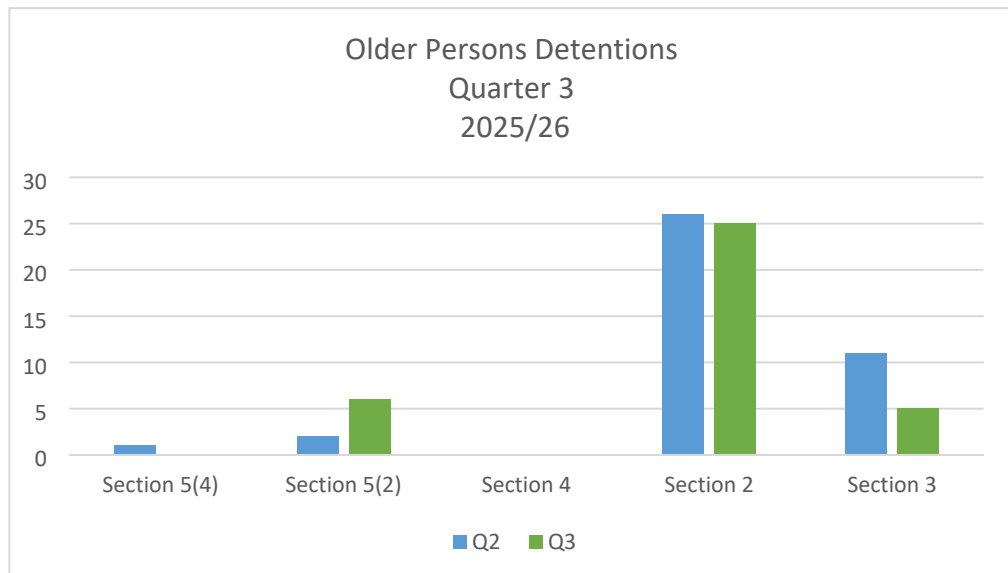
Section	Q2	% of total	Q3	% of total
Section 5(4)	0	0.00%	0	0.00%
Section 5(2)	17	17.53%	24	25.53%
Section 4	2	2.06%	0	0.00%
Section 2	60	61.86%	52	55.32%
Section 3	17	17.53%	18	19.15%
Section 37	0	0.00%	0	0.00%
Section 37/41	0	0.00%	0	0.00%
Section 38	0	0.00%	0	0.00%
Section 47	0	0.00%	0	0.00%
Section 47/49	0	0.00%	0	0.00%
Section 48/49	1	1.03%	0	0.00%
Section 35	0	0.00%	0	0.00%
Section 36	0	0.00%	0	0.00%
<b>Total</b>	<b>97</b>	<b>100%</b>	<b>94</b>	<b>100%</b>

*\*There were 10 out of area detentions in Q3*

**Table 2 Number of Adult MHA detentions per locality**

Area	Q2	Q3
Merthyr	19	17
Rhondda Cynon Taf	45	53
Bridgend	33	24
Out of area	2	10

**Graph 2 Quarter 3 MHA Older Persons Activity 2025/26**



\*There were no out of area detentions in Q3

**Table 3 Quarter 2 MHA Older Persons Activity 2025/26**

Section	Q2	% of total	Q3	% of total
Section 5(4)	1	2.50%	0	0.00%
Section 5(2)	2	5.00%	6	16.67%
Section 4	0	0.00%	0	0.00%
Section 2	26	65.00%	25	69.44%
Section 3	11	27.50%	5	13.89%
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%

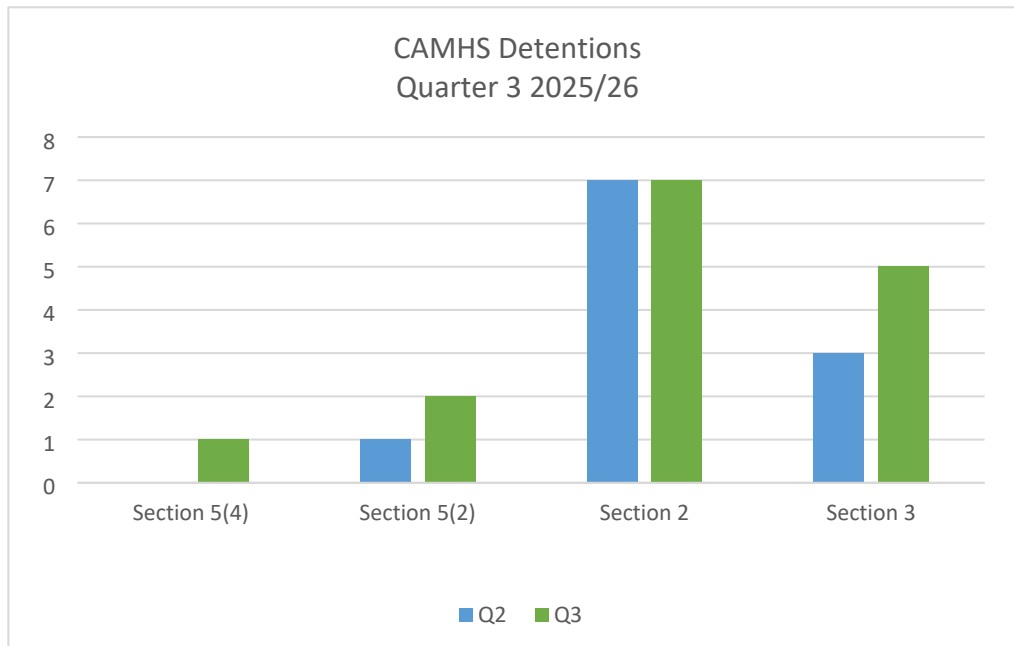


Section 47/49	0	0.00%	0	0.00%
Section 48/49	0	0.00%	0	0.00%
Section 35	0	0.00%	0	0.00%
Section 36	0	0.00%	0	0.00%
<b>Total</b>	<b>40</b>	<b>100%</b>	<b>36</b>	<b>100%</b>

**Table 4 Number of Older Persons MHA detentions per locality**

Area	Q2	Q3
Merthyr	7	8
Rhondda Cynon Taf	18	21
Bridgend	15	7
Out of area	0	0

**Graph 3 Quarter 3 CAMHS Activity 2025/26**



**Table 5 Quarter 3 CAMHS Activity 2025/26**

Section	Q2	% of total	Q3	% of total
Section 5(4)	0	0.00%	1	6.67%
Section 5(2)	1	9.09%	2	13.33%



**Table 6**

Section 4	0	0.00%	0	0.00%
Section 2	7	63.64%	7	46.67%
Section 3	3	27.27%	5	33.33%
<b>Total</b>	<b>11</b>	<b>100%</b>	<b>15</b>	<b>100%</b>

**Number of CAMHS MHA detentions per locality**

Health Board	Q2	Q3
Cwm Taf Morgannwg	2	5
Swansea Bay	0	2
Cardiff & Vale	4	4
Hywel Dda	0	2
Aneurin Bevan	0	1
Powys Teaching	5	1

### USE OF SECTIONS AND OUTCOMES for Q3 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	Jul	Aug	Sep	Oct	Nov	Dec
<b>Section 2</b>	3	5	0	0	2	10
<b>Section 3</b>	1	1	1	3	2	2
<b>Informal</b>	3	1	3	3	7	6
<b>Discharged</b>	0	0	0	0	0	0
<b>Lapsed</b>	0	0	0	0	0	0
<b>Invalid</b>	1	1	0	0	0	0

#### Section 2 of the Mental Health Act 1983

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



**Table 8**

S2 OUTCOMES	Jul	Aug	Sep	Oct	Nov	Dec
<b>Section 3</b>	9	6	6	9	2	7
<b>Informal</b>	13	21	22	16	14	20
<b>Discharged</b>	5	4	6	7	1	9
<b>Lapsed</b>	0	0	0	0	0	0
<b>Invalid</b>	0	0	0	0	0	0
<b>Transfer</b>	2	2	0	0	0	0

**Section 3 of the Mental Health Act 1983**

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

**Table 9**

S 3 OUTCOMES	Jul	Aug	Sep	Oct	Nov	Dec
<b>Section 3 renewed</b>	1	4	3	1	1	3
<b>Informal</b>	4	4	9	5	5	5
<b>Discharged</b>	5	5	2	5	3	2
<b>Lapsed</b>	0	0	0	0	0	0
<b>Invalid</b>	0	0	0	0	0	0
<b>Transfer</b>	4	3	0	2	1	0
<b>CTO</b>	1	2	1	2	1	0

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

**Table 10**

	Q2 2025/26	Q3 2025/26
Adult Detentions	81	81
Older Persons detentions	37	30
CAMHS detentions	10	12
<b>TOTAL</b>	<b>128</b>	<b>123</b>

## 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.

## TRANSFER BETWEEN HOSPITALS

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

**Table 11**

SECTION	Q2	Q3
Part 2 Patients to CTUHB	13	13
Part 3 patients to CTUHB	0	0
Part 2 patients from CTUHB	11	10
Part 3 patients from CTUHB	0	0
<b>TOTAL</b>	<b>24</b>	<b>23</b>

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

**Table 12**

SECTION	Power	Q2	Q3
<b>17A</b>	Community Treatment Order made	7	4



Community Treatment order extended	3	5
Recalled to hospital and not revoked	4	3
Recalled to hospital and revoked	2	1
Discharged from CTO	6	4
Transferred	0	2
Other (Deceased)	0	0

### Current CTO by area

**Table 13**

Area	Q2	Q3
Merthyr	2	2
Rhondda Cynon Taf	11	12
Bridgend	6	8
CAMHS	0	0
Out of area	0	0
<b>Total</b>	<b>19</b>	<b>22</b>

### USE OF SECTION 135 AND SECTION 136

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

#### Section 135

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

**Table 14**

Section 135 of the Mental Health Act	Q2	Q3
Assessed and admitted informally	0	0
Assessed and discharged	0	0
Assessed and detained under Section 2	2	4
Assessed and detained under Section 4	0	0
Assessed and detained under Section 3	0	0
Recalled from Community Treatment Order	1	0
<b>TOTAL</b>	<b>3</b>	<b>4</b>



## Section 136

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

**Table 15**

Section 136 of the Mental Health Act	Q2	Q3
Assessed and admitted informally	5	11
Assessed and detained under Section 2	8	12
Assessed and detained under Section 4	0	0
Assessed and detained under Section 3	0	0
Discharged with no follow up required	17	7
Discharged referred to community services	37	37
Section 136 lapsed	0	1
Other //(Recall from CTO)/ or transfer	0	0
<b>TOTAL</b>	<b>67</b>	<b>68</b>

## HOSPITAL MANAGERS HEARINGS

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

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

**Table 16**

Hospital Managers Hearings	Q2	Q3
Number of Hearings held	10	8
Number of Referrals by Hospital Managers	13	20
Number of Appeals to Hospital Managers	0	1
Number of Detentions upheld by Hospital Managers	10	8
Number of detentions discharged by Hospital Managers	0	0



Number of patients discharged by RC prior to Hearing	3	2
--	---	---

### Q3:

- 1 patient transferred prior to hearing.
- 4 hearings postponed for following reasons:
  - ❖ Change of RC very close to hearing date
  - ❖ No RC cover.
  - ❖ 2 Solicitors unwell

### TRIBUNAL HEARINGS

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

**Table 17**

MHRT Hearings	Q2	Q3
Number of Hearings held	28	21
Number of Referrals by Hospital Managers	10	10
Number of referrals by Ministry of Justice	0	0
Number of referrals by Welsh Ministers	1	0
Number of Appeals to MHRT	42	34
Number of Detentions upheld by MHRT	15	20
Number of detentions discharged by MHRT	5	1
Number of Hearings adjourned/postponed	10	10
Number of Hearings cancelled by patient	8	3
Number of patients transferred to another Health Board prior to Hearing	5	2
Number of patients discharged by RC prior to Hearing	14	19

### Consent to Treatment

#### Medication after three months

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

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

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

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

**Table 18**

**Breakdown in the use of Section 62 -Urgent Treatment in hospital settings**  
**Section 64- Urgent Treatment in the Community**

Hospital	Ward	Jul	Aug	Sep	Oct	Nov	Dec	6 -month ward/area totals
POW	PICU			1	1			2
	14		3		1	3	1	8
RGH	St David's					1		1
	22							0
	21						1	1
	PICU					1	1	2
	Admissions		1					1
	Seren	1			1			2
YGT	SRU		1					1
YCC	Ward 7	1			1			2
Angelton	Ward 2			1				1
Pinewood						2		2
Ty Llidiard	Enfys					1		1
Community			2			1		3
<b>Monthly Totals</b>		2	7	2	4	9	3	27

**EXAMPLES OF GOOD PRACTICE**

Progress is well underway with the introduction of a single electronic record; confirmation of the awarded system is expected within the next few weeks.

Two in house training events have been held at the beginning of the Power of Discharge Sub Committee meetings in October and January. Both meetings were well attended by the Associate Hospital Managers on Trauma Focussed awareness and insight training into the detention of Older Persons.

Further topics being pursued are training on, the subject of symptoms and treatment of psychosis in adults and mental health concerns for children and young people.

In relation to adherence to the statutory requirements of the MHA, it was pleasing to report no fundamental breaches or lapses during Q3.



## Appendix 2

### MENTAL HEALTH ACT (1983)

#### GLOSSARY OF TERMS

#### SUMMARY OF COMMON SECTIONS OF THE MENTAL HEALTH ACT 1983

<p><b>Section 5(4)</b> 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><b>Section 5(2)</b> 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><b>Section 4</b> 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><b>Section 2</b> Admission for assessment</p>	<p>Individual is detained in hospital for up to 28 days for assessment of mental health.</p> <p><b>Criteria:</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• And it is necessary that patient ought to be detained in the interests of own health, own safety, protection of other persons</li> </ul> <p><i>(2 Medical recommendations (or 1 joint recommendation) and AMHP assessment required)</i></p>
<p><b>Section 3</b> Admission for Treatment</p>	<p>Individual is detained in hospital for up to 6 months for treatment of mental disorder.</p> <p><b>Criteria:</b></p> <ul style="list-style-type: none"> <li>• Suffering from mental disorder of a nature or degree which makes it appropriate for patient to receive medical treatment in hospital</li> <li>• Moreover, it is necessary for the patient's own health, safety, protection of other persons that patient receive treatment in hospital.</li> <li>• In addition, such treatment cannot be provided unless the patient is detained under Section 3 of the Mental Health Act.</li> </ul>



	<i>(2 Medical recommendations (or 1 joint recommendation) and AMHP assessment required)</i>
<b>Section 7</b> 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><b>Criteria:</b></p> <ul style="list-style-type: none"> <li>• Live in a particular place</li> <li>• Attend for medical treatment, occupational; education or training at set places and at set times.</li> <li>• Allow a doctor, an approved mental health professional or other named person to see patient</li> </ul> <p><i>(2 Medical recommendations (or one joint recommendation) and AMHP assessment required)</i></p>
<b>Section 37</b> 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><b>Criteria:</b></p> <ul style="list-style-type: none"> <li>• Live in particular place</li> <li>• Attend for medical treatment, occupational education or training at set places and times</li> <li>• Allow a doctor or an approved mental health professional or other named person to see you</li> <li>•</li> </ul> <p><i>(Court Order required)</i></p>
<b>Section 37/41</b> 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>
<b>Section 135</b> 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>
<b>Section 136</b> 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> <p><i>(Police Service Section 136 monitoring form required)</i></p>



<b>Section 17 A</b> 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"><li>• Be available to be examined by Responsible Clinician for review of CTO and whether should be extended.</li><li>• Be available to meet with Second Opinion Doctor or Responsible Clinician for the purpose of certificate authorising treatment to be issued.</li></ul> <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>
<b>Section 17 leave</b>	<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>
<b>Section 117 aftercare</b>	<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>
<b>MHAM Hearings (Mental Health Act Managers)</b>	<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>
<b>MHRT Hearings (Mental Health Review Tribunal)</b>	<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. 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**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	25/02/2026
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public Choose an item.
<b>Awdur yr Adroddiad / Report Author</b> <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Lloyd Griffiths, Interim Nurse Director
<b>Cyflwynydd yr Adroddiad / Report Presenter</b> <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Julie Denley Deputy Chief Operating Officer
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Gethin Hughes, Chief Operating Officer

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Noting
---	------------

<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)</b>		
<b>Committee / Group /Forum Individuals</b>	<b>Date</b>	<b>Outcome</b>
(Insert Details)	Click or tap to enter a date.	



<b>Acronyms / Glossary of Terms</b>	
AC	Approved Clinician
CTMUHB	Cwm Taf Morgannwg University Health Board
LA	Local Authority
MHA	Mental Health Act
MHRT	Mental Health Review Tribunal
Q	Quarter
RC	Responsible Clinician
RCRP	Right Care Right Person
SPC	Statistical Process Control charts
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 Q3 (October – December 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 the overall use of the MHA in quarter was below the 2022-25 quarterly mean.
- 2.2 CAMHS detentions were above the mean but within control limits and the comparatively small numbers of detentions in CAMHS can lead to quarterly variance.
- 2.3 There is a sustained reduction in the use of CTOs in line which is consistent with the national picture.
- 2.4 The number of minor errors this quarter was 3, up from 2 in Q2 but still well below the mean of 10.
- 2.5 It is pleasing to note that again there were no fundamental breaches in quarter and no lapses of MHA detention.
- 2.6 The use of SPC charts in the Activity Report to show performance, variation is a welcome addition.

## **3. Risks / Matters for Escalation**

- 3.1 The Mental Health Bill 2025 officially became law as the Mental Health Act 2025 after receiving Royal Assent on the 18th of December 2025. Further information on the implementation timeline and the development of a new Code of Practice in Wales is expected shortly.
- 3.2 The Operational Group will continue to monitor the impact on the use of the MHA particularly around S136 waiting times and the ongoing impact of RCRP.



#### 4. Assessment

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

Impact Assessment		
<b>Ansawdd</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> <b>Quality</b> <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:
<b>Cydraddoldeb a'r Gymraeg</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> <b>Equality and Welsh Language</b> <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate):  POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below:



	Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	
<b>Cyfreithiol / Legal</b>	Choose an item.	
<b>Enw da / Reputational</b>	Choose an item.	
<b>Effaith Adnoddau</b> <i>(Pobl / Ariannol) /</i> <b>Resource Impact</b> <i>(People / Financial)</i>	Choose an item.	

## 5. Recommendation

5.1 The Committee is asked to **note** the contents of this report



## Mental Health Act Monitoring Committee

<b>Hospital Managers Power of Discharge Sub Committee</b>		
<b>Dyddiad y Cyfarfod / Date of Meeting</b>	25/02/2026	
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public	
	Not Applicable	
<b>Awdur yr Adroddiad / Report Author</b>	Alison Thomas-MHA Manager	
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Mrs Helen Lentle- Chair of the Hospital Managers Power of Discharge Sub Committee and Independent Board Member.	
<b>Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor</b>	Gethin Hughes, Chief Operating Officer	
<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Noting	
<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)</b>		
<b>Committee / Group / Forum Individuals</b>	<b>Date</b>	<b>Outcome</b>
Associate Hospital Managers MHA Team	22/01/2026	Supported

<b>Acronyms / Glossary of Terms</b>	
MHA	Mental Health Act
AMHP	Approved Mental Health Practitioner
EDT	Emergency Duty Team
SWP	South Wales Police
CAMHS	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



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Cwm Taf Morgannwg  
University Health Board

HEIW	Health Education and Improvement Wales
CTMUHB	Cwm Taf Morgannwg University Health Board

## 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 22/01/2026. The meeting was attended by 11 Associate Hospital Managers together with representation from the MHA team and the Mental Health & Learning Disabilities Care Group. This was the fourth meeting of the Group which had been held since the revised Governance arrangements had been agreed. The Chair of the Group confirmed the appointment of the Health Board's Vice Chair into the position of the Vice Chair of the Power of Discharge Group Sub Committee.

## 2. Specific Matters for Consideration

### 2.1 The Role of the Hospital Managers

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.

### 2.2 Hospital Managers activity Q2 (July-Sept 2025) and Q3 (Oct-Dec 2025)

The quarterly Mental Health Act activity report for Q3 (Oct- Dec 2025) had not been finalised for the meeting but was subsequently circulated to Members of the Committee. The group looked forward to considering the quarterly activity reports at future meetings. The Q3 activity report included information on the Hospital Managers activity for Q2 (July -Sept 2025) and Q3 (Oct -Dec 2025):

**Table 1:**

Hospital Managers Hearings	Q2	Q3
Number of Hearings held	10	8
Number of Referrals by Hospital Managers	13	20
Number of Appeals to Hospital Managers	0	1
Number of Detentions upheld by Hospital Managers	10	8
Number of detentions discharged by Hospital Managers	0	0
Number of patients discharged by RC prior to Hearing (Cancelled hearings)	3	2

During Q3 4 Hospital Managers Hearings were postponed for the following reasons:

The Responsible Clinician (RC) for the Supported Recovery Unit in Ysbyty George Thomas had left the Health Board. The covering RC had previous work commitments and was unable to facilitate the hearing date.

The patient's RC was redeployed from their position at short notice which left no RC available to undertake the hearing. The MHA Manager escalated this issue to the Senior manager in the absence of a Clinical Director.

The patient's preference was to have a face-to-face hearing with representation from their Legal representative who was unwell and could only facilitate the meeting on teams. The patient declined this offer

A new date was provided by the RC for the same patient, but the Legal representative later confirmed they were unable to attend. This resulted in the hearing being postponed for the second time.

### **2.3 Matters Arising.**

The Group were provided with an update on the Mental Health Transformational Programme and the new Mental Health Act which received Royal Assent in December 2025. Following a presentation in the previous meeting the Committee discussed the need for Trauma Informed training within the Health Board. It was confirmed that funding had been secured from Health Education and Improvement Wales (HEIW) to roll out Psychologically informed training to 90 members of staff.

The Group reviewed the format of the meeting and agreed that it would be beneficial to develop an action log for the next meeting.

The hearing attendance information had not been completed prior to the meeting and was subsequently distributed. Further work was required to confirm the accuracy of the schedule. The Committee were assured that the MHA team invite all Associate Members to confirm their availability to ensure that the panel bookings are completed in a fair and equitable manner. It was explained that the process involved the circulation of a template email inviting everyone to confirm their availability including the option to Chair the hearing. The Associate Members are given 3 days to respond before the panel is determined.

### **2.4 Issues from Hospital Managers hearings.**

One of the Associate Members discussed a hearing with another provider in which the patient's relative was using a recording device to record the content of the meeting. They were informed that this contravened the General Data Protection Regulations. (GDPR).

There was a discussion at another Hospital Manager's Hearing in which the patient's relative was unclear about the role and functions of the Hospital Managers. Questions also arose about the treatment plan being delivered to the patient. The Hospital Managers did not consider that their questions were sufficiently answered by members of the care team. It was agreed that the RC's perspective would be obtained to assist with the learning.

## 2.5 Hospital Managers Annual Appraisals

The Group acknowledged that the annual appraisals were due to start at the beginning of March. These would be undertaken by the Chair of the Power of discharge Sub Committee and the Chair of the MHA Operational Group.

## 2.6 Mental Health training programme.

At the start of the meeting, a very informative presentation was delivered on insights into Detained older persons and Hospital Managers Hearings.

Some of the questions raised by the Group in advance of the meeting included:

- The impact of long-term institutionalisation and availability of support networks.
- How the clinical team decides between the Mental Capacity Act/DoLS and the Mental Health Act to ensure the use of the least restrictive principles.

The Clinical Director for Older People Services referred to the key features present in the Detention criteria used for older adults. Some suggested questions for the Hospital Managers to raise with the Clinician at a hearing could include:

- Clarification on the diagnosis
- Impact of physical health on behaviour
- Risk in older adults
- What treatment is available

In connection with the last point appropriate medical treatment was a key element of the decision in the SF v Avon and Wiltshire Mental Health Partnership NHS Trust.

- [How Appropriate Does "Appropriate Treatment" Need To Be?](#)

It was decided that further training events on the treatment of adults with psychosis and mental health concerns in children and younger people were in the process of being arranged.

As part of the Mental Health & Learning Disability Care Group's dedicated training programme a MHA legal update training event has been arranged with an external trainer on 26<sup>th</sup> February 2026. The invitations have been extended to the Associate Hospital Managers and Responsible Clinicians.

## 2.7 Recruitment of Associate Hospital Managers.

The Group were provided with an update on the recruitment campaign.

Currently the number of active Associate Members is 9. Following recruitment there are an additional 3 in the process of completing their observation hearings, 2 with planned visits to the MHA team in February, 1 Honorary Contract pending finalisation.

## 2.8 Fee Payment Level.

The decision to retain the current Hospital Managers fees of £50 for Chair and £45 for a panel Member was discussed by the Committee. It was acknowledged that in coming to the decision the Health Board had reviewed the fees offered in other Health Boards across Wales. All agreed that the payment fee should be increased for the role of the Chair due to the additional responsibilities.

The Group also suggested that full payment for cancelled or postponed hearings should be extended to include a 24-hour timescale rather than the 12-hour proposed. This issue would to be taken back to senior Health Board colleagues for discussion.

## 3. Assessment

Objectives / Strategy	
<b>Dolen i Nod (au) Strategol BIP CTM /</b> <b>Link to CTMUHB Strategic Goal(s)</b>	Improving Care
	If more than one applies, please list below:
<b>Dolen i Feysydd Strategol BIP CTM /</b> <b>Link to CTMUHB Strategic Areas</b>	Not Applicable
	If more than one applies, please list below:
<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant /</b> <b>Link to Wellbeing of Future Generations Act – Wellbeing Goals</b> <a href="#">150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</a>	A More Equal Wales
	If more than one applies, please list below:



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

Impact Assessment		
<b>Ansawdd</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> <b>Quality</b> <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.
<b>Cydraddoldeb a'r Gymraeg</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> <b>Equality and Welsh Language</b> <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
<b>Cyfreithiol / Legal</b>	There are no specific legal implications related to the activity outlined in this report.	
<b>Enw da / Reputational</b>	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	



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

#### 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.



<b>Agenda Item</b>	7.1.1
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**Unapproved Minutes of the Mental Health Act Monitoring Committee**

<b>Date and Time of Meeting</b>	Thursday 4 <sup>th</sup> December at 15:00
<b>Venue</b>	Virtual via Microsoft Teams

<b>Members Present</b>	Kath Palmer	Committee Chair
	Helen Lentle	Independent Member
	Hayley Proctor	Independent Member (in-part)
<b>In Attendance</b>	Gethin Hughes	Chief Operating Officer
	Robert Goodwin	Directorate Manager, CAMHs and Specialist Services
	Clare Williams	Service Director MH & LD (in part)
	Kate Riley	RCT County Borough Council
	Lloyd Griffiths	Interim Nurse Director, MH & LD
	Emma Walters	Head of Governance and Board Business
	Kathrine Davies	Corporate Governance Manager
	<b>Meeting Observers</b>	

<b>Agenda Item</b>	<b>Meeting Business</b>
<b>1.</b>	<b>PRELIMINARY MATTERS</b>
1.1	<b>Welcome and Introductions</b>
	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	<b>Apologies for Absence</b>
	Apologies were received from: <ul style="list-style-type: none"> <li>• Julie Denley, Deputy Chief Operating Officer</li> <li>• Rachel Rowlands, Independent Member</li> </ul>
1.3	<b>Declarations of Interest</b>
	There were no declarations raised.
<b>2.</b>	<b>CONSENT AGENDA BUSINESS</b>
2.1	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.
<b>3.</b>	<b>MAIN AGENDA</b>
3.1	<b>Action Log</b>
	The Action Log was <b>NOTED</b> with the following key items discussed: <ul style="list-style-type: none"> <li>G. Hughes queried whether the programme of deep dives had now been established. R. Goodwin confirmed that a meeting was scheduled to finalise topics such as 117 after care, the Welsh Government Review and Adult Services and that feedback would be provided to the Committee at the next meeting.</li> <li>E. Walters confirmed that the Annual Cycle of Business for 2026 was under review with Lead Officers and would be discussed at the next Agenda Planning meeting to be held on the 21 January 2026.</li> <li>H. Lentle raised the topic of face to face meetings and suggested that at least one per year would be helpful. K. Palmer agreed and advised that it would be good to link in with a visit to a Place of Safety. It was agreed that the Corporate Governance Team would link in with the Mental Health Act (MHA) Team on possible venues and a potential Place of Safety visit.</li> </ul>
Action:	Governance Team to link in with MHA Team on securing a venue and visit to a Place of Safety for a future meeting.
3.2	<b>Matters Arising Not Captured on the Action Log</b>
	There were no matters raised.
<b>4.</b>	<b>RISK MANAGEMENT ACTIVITY</b>
4.1	<b>Organisational Risk Register</b>
	E. Walters presented the Risk Register, highlighting one new risk escalated in October 2025 with a score of 16, and a reduction in the risk score for "Right Care, Right Person" from 16 to 12.  C. Williams explained the rationale for the de-escalation of the "Right Care, Right Person" risk which was due to reduced likelihood, but emphasised that national work is still outstanding and the consequence remained high.  K. Palmer asked about the new risk related to Tier 3 services shared with Cardiff and Vale UHB, questioning its impact on patients. G. Hughes, C. Williams and R. Goodwin clarified that while there is an impact on access to the full Tier 3 service, it does not affect Mental Health Act business or those detained under the Act. The committee agreed to note the risk, confident that it does not impact on Mental Health Act delivery.
Resolution:	The Committee <b>REVIEWED</b> and <b>NOTED</b> the Organisational Risk Register.
Action:	None identified
<b>5.</b>	<b>GOVERNANCE ASSURANCE</b>
5.1	<b>Deep Dive Spotlight</b>



	The Chair advised that there was no Deep Dive Spotlight on this occasion and that the planned deep dive into Adult Detentions would be received at the February 2026 meeting. Members noted that in the meantime, a progress update was contained within the Operational Group Report.
<i>Resolution:</i>	The Committee <b>NOTED</b> that this will be received at the February 2026 meeting.
<i>Action:</i>	None identified.
5.2	<b>MHA Operational Group Update Report</b>
	<p>R. Goodwin presented the report and highlighted key matters that had been discussed by the Operational Group.</p> <p>H. Lentle referred to Section 5(2) rates, benchmarking, and equity of treatment and queried if there were any concerns that the Committee should be aware of. R. Goodwin confirmed that these would all be addressed in the upcoming deep dive and through engagement with senior medical colleagues.</p> <p>G. Hughes suggested benchmarking Section 5(2) rates per thousand admissions and reviewing handover times for Section 136 would be helpful for the Committee to review. R. Goodwin agreed to explore this and provide the detail for the next meeting and suggested that a medical lead from the Care Group could be invited to aid with the discussions.</p> <p>G. Hughes queried if there was a target time for releasing South Wales Police after a patient arrives under Section 136, comparing it to ambulance handover targets. R. Goodwin confirmed that it was one hour. G. Hughes suggested reviewing the cases that breach the one hour target to understand the reasons and conduct a systematic review for improvement purposes.</p> <p>G. Hughes referred to the Memorandum of Understanding for Places of Safety between Merthyr Tydfil and Rhondda Cynon Taff (RCT) County Borough Councils and suggested that they should explore extending to the three Local Authorities to include Bridgend County Borough Council. G. Hughes emphasised that the goal should be to prioritise taking patients to a Place of Safety unless there was a physical health reason not to.</p> <p>In response, K. Riley explained that she wrote the Memorandum of Understanding (MOU) to address immediate needs arising from the closure of a place of safety, specifically between Merthyr and RCT. K. Riley stated that if there are future changes affecting individuals in the Bridgend area, the Advance Mental Health Practitioner (AMHP) leads are willing to review and update the MOU as needed and clarified that currently, the MOU does not impact individuals residing in Bridgend, which is why it is limited to Merthyr and RCT at this time.</p> <p>K. Palmer referred to Section 62 and in particular, Responsible Clinician (RC) cover, and queried how much of a risk there was in not consulting the RC and whether this was becoming more of a risk across the Health Board.</p>



	<p>L. Griffiths advised that the team are fast-tracking the process to convert locum doctors from England, who are Approved Clinician (AC) accredited there, to AC status in Wales to address RC cover. He mentioned that the Medical Director was working on how to fast-track and mitigate this in the short term, with exploration being given to longer term internal development of non-medical AC's.</p> <p>K. Palmer referred to mental health advocacy and expressed an interest in including live experience and patient stories for future meetings. R. Goodwin agreed to follow this up with advocacy partners.</p> <p>K. Palmer extended her thanks on behalf of the Committee to the Team for the significant amount of work undertaken.</p>
<i>Resolution:</i>	The Operational Group Report was <b>NOTED</b> .
<i>Action:</i>	Review benchmarking Section 5(2) rates per thousand admissions and handover times for Section 136 for the Committee to review. R. Goodwin to provide the detail for the next meeting with a medical lead from the Care Group to be invited to aid with the discussions
<i>Action:</i>	To include a live experience and patient stories for future meetings and follow up with advocacy partners.
5.3	<b>MHA Quarterly Activity Report / Analysis of Unlawful Detentions</b>
	<p>R. Goodwin presented the report that outlined activity for Quarter 2.</p> <p>K. Palmer thanked R. Goodwin for his report, noting the really good progress made in lots of areas and the significant progress in reducing minor errors in paperwork with only seven in Quarter 1 and two in Quarter 2.</p> <p>G. Hughes suggested that understanding detentions as a rate per thousand admissions or per thousand bed days would be more informative than just using whole numbers and emphasised the importance of benchmarking this data with other Health Boards in Wales to determine if their numbers were typical or if they were an outlier.</p> <p>G. Hughes also raised the idea of mapping trends for first-episode patients versus those already known to community teams, to identify opportunities for reducing detentions and improving management.</p> <p>R. Goodwin agreed to explore these suggestions further.</p>
<i>Resolution:</i>	The Report was <b>DISCUSSED</b> and <b>NOTED</b> .
<i>Action:</i>	To benchmark this data with other Health Boards in Wales to determine if their numbers were typical or if they were an outlier.
<i>Action:</i>	To undertake mapping of trends for first-episode patients versus those already known to community teams, to identify opportunities for reducing detentions and improving management.



5.4	<b>Risks Relating to Monitoring of MHA</b>
	<p>L. Griffiths presented the report.</p> <p>L. Griffiths summarised that the total detentions had decreased and that there were no fundamental breaches. He added that the Mental Health Act team is working to prevent further errors and breaches through practical solutions and knowledge sharing</p> <p>K. Palmer referred to the timely transportation of patients and the need for a national solution, as well as ongoing concerns about medical staffing, particularly the shortage of Approved Clinicians and Responsible Clinicians</p> <p>K. Palmer referred to the upcoming new Mental Health Act and questioned when CTM should start preparing for its implementation, considering the long timelines for training and changes. R. Goodwin and K. Riley advised that whilst awareness should be raised, significant planning or training is premature due to the extended and uncertain implementation timeline, especially for major changes like the removal of learning disabilities and autism from the Act.</p> <p>It was agreed to keep the new Act on the agenda for ongoing updates and awareness, but not to allocate resources for detailed planning yet.</p>
<i>Resolution:</i>	The Committee <b>NOTED</b> the report.
<i>Action:</i>	To keep the new Mental Health Act on the agenda for ongoing updates at future meetings.
5.5	<b>Strategic Update - Local Authority Partners</b>
	<p>K. Riley provided a presentation from RCT CBC, noting no feedback had been provided from Bridgend and Merthyr Tydfil Local Authority Partners on this occasion.</p> <p>K. Riley highlighted the following key matters for the attention of the Committee:</p> <ul style="list-style-type: none"> <li>• A new trial for the Section 12 approved doctor application, aiming to streamline Mental Health Act processes and improve timely responses, with RCT going live in April or May 2026 and other local authorities joining later.</li> <li>• A thematic audit into older persons' detentions, prompted by previous Committee queries about whether increased detentions were due to a lack of nursing capacity. The audit found that 41% of cases involved sudden health decline requiring urgent intervention, with no major evidence that lack of nursing placements was causing the spike.</li> <li>• Key learning points included the need for proactive support, better handling of cross-boundary and self-funding cases, and improved documentation of Mental Capacity Act assessments and best interest decisions. The findings and learning are being taken back to teams to help</li> </ul>



	<p>prevent unnecessary use of the Mental Health Act and to consider alternatives where possible.</p> <p>K. Palmer thanked K. Riley for the presentation.</p>
<i>Resolution:</i>	The Committee <b>NOTED</b> the Presentation.
<i>Action:</i>	None identified.
5.6	<b>Highlight Report - Power of Discharge Sub Committee</b>
	<p>H. Lentle presented the report that highlighted matters discussed at the last meeting of the Power of Discharge Sub Committee.</p> <p>H. Lentle declared an interest in the recruitment of new hospital managers as she was about to be appointed herself and noted a Committee request to reconsider payment policies for cancelled Hearings with less than 24 hours' notice.</p> <p>H. Lentle advised that the process for new managers to start is ongoing, with some delays due to administrative processes, but all should be in place within the next quarter.</p> <p>K. Palmer confirmed that the payment policy issue was being reviewed by the Executive Team. R. Goodwin supported the request, noting the financial impact was modest. The outcome will be communicated back to the Committee.</p> <p>R. Goodwin referred to the training rollout and in particular a presentation on Trauma Informed Practice. K. Palmer suggested that the presentation be shared with the Committee outside of the meeting.</p>
<i>Resolution:</i>	The Committee <b>NOTED</b> the report and the work of the Sub Committee.
<i>Action:</i>	To share the presentation on Trauma Informed Practice to the Committee outside of the meeting.
<b>6.</b>	<b>CONSENT AGENDA</b>
6.1	<b>Items for Approval</b>
6.1.1	<b>Unconfirmed Minutes of the Meeting held on 20 August 2025</b>
<i>Resolution:</i>	The minutes were <b>approved</b> as a true record.
6.2	<b>Items for Noting</b>
6.2.1	<b>Fee Review Update Report for Hospital Managers</b>
<i>Resolution:</i>	The report was <b>NOTED</b> .
6.2.2	<b>Forward Work Programme</b>
<i>Resolution:</i>	The Forward Work Plan was <b>NOTED</b> .
6.2.3	<b>Committee Annual Cycle of Business</b>
<i>Resolution:</i>	The Cycle of Business was <b>NOTED</b> .
<b>7.</b>	<b>CLOSE OUT BUSINESS</b>
7.1	<b>Committee Highlight Report</b>
<i>Resolution:</i>	K. Palmer asked E. Walters if there were any items for escalation or assurance to the Board. E Walters confirmed that she did not identify any specific matters requiring escalation and agreed that positive escalation could be included



	regarding sustained improvement in Mental Health Act paperwork completion, noting several quarters with only minor issues. The committee agreed to include this as a positive highlight.
7.2	<b>Any Other Urgent Business</b>
<i>Resolution:</i>	There was no urgent business to report on this occasion.
7.3	<b>Meeting Feedback</b>
<i>Resolution:</i>	<p>K. Palmer invited Members to comment and reminded them that they could also relay feedback outside of the meeting.</p> <p>K. Palmer encouraged future attendance at meetings from Bridgend and Merthyr Tydfil Local Authority partners and that where appropriate, it would be helpful for South Wales Police colleagues to attend to discuss some of the topics raised at the meeting today.</p>
<b>8.</b>	<b>DATE AND TIME OF NEXT MEETING</b>
	25 <sup>th</sup> February 2026

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

(1<sup>st</sup> January 2026 to the 31<sup>st</sup> December 2026)

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

Date of Request	Origin of Request	Requestor	Item Summary / Title	Nature of Request	Lead Officer	Executive Lead	Intended Meeting Date	Status
August 2025	Mental Health Act Monitoring Committee	Committee	Deep Dive into adult detentions (including a review of the UK benchmarking information, a look at section 136 cases who are also care coordinated, section 5(2) and variation in detention rates between RGH and POWH)	Chair, MHA Operational Group requested via the Chair that this item be included as an update within the MHA Operational Group Report	Chair, MHA Operational Group	Deputy Chief Operating Officer (Primary Care & Community & Mental Health and Learning Disabilities)	Deferred from December 2025 with a brief update contained within the Operational Group Report for December meeting.	Proposed for February 2026
August 2025	Mental Health Act Monitoring Committee	Committee	Family and Carer Feedback	Chair requested that this item be added to the Forward Work Plan for a future meeting	Corporate Governance Team	Deputy Chief Operating Officer (Primary Care & Community & Mental Health and Learning Disabilities)	February 2026	Now Proposed for May 2026

### COMPLETED ITEMS:

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	<b>Completed</b> This item was received at the August 2025 meeting.
June 2024	Mental Health Act Monitoring Committee	Committee	Deep Dive - Section 135 – Use and Code of Practice Compliance in CTM	Deferred from February Meeting	Chair MHA Operational Group	Gethin Hughes, Chief Operating Officer	August 2025	<b>Completed</b> This item was received at the August 2025 meeting.
February 2025	Mental Health Team	Operational Group	Allocation of Responsible Clinician Procedure	Approved by Operational Group and awaiting endorsement by Executive Management Board	Chair, MHA Operational Group	Gethin Hughes, Chief Operating Officer	May 2025 – Deferred to August 2025	<b>Completed</b> This was approved at the February 2025 meeting

February 2025	Email request	Deputy COO / Director of Primary, Community, Mental Health and LD	Section 136 conveyance to Emergency – review of standards against code of practice and local policy	Email request following review of forward work plan	Chair MHA Operational Group	Gethin Hughes, Chief Operating Officer	May 2025	This item is on the agenda for the May 2025 meeting
February 2025	Mental Health Act Monitoring Committee	Committee	Deep Dive – Mental Health Detentions within RCT	To undertake a deep dive into adult mental health detentions within the RCT area and present to the next meeting of the Committee for discussion.	Chair MHA Operational Group	Gethin Hughes, Chief Operating Officer	May 2025	This item is on the agenda for the May 2025 meeting
August 2025	Mental Health Act Monitoring Committee	Committee	Fee Review Update Report for Hospital Managers	Verbal update provided at August 2025 meeting with a report to be provided to the December 2025 meeting for the Committee to Note.	Deputy Chief Operating Officer (Primary Care & Community & Mental Health and Learning Disabilities)	Deputy Chief Operating Officer (Primary Care & Community & Mental Health and Learning Disabilities)	December 2025	<b>Completed</b> Received at the December 2025 meeting