

Mental Health Act Monitoring Committee

Wed 27 May 2026, 14:00 - 16:00

CTM Gwaun Elai Breast Diagnostic Seminar Room, RGH Site,
Llantrisant CF72 8XL



Agenda

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

Information 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. PRELIMINARY BOARD MATTERS** 10 min

3.1. Action Log

Discussion Kath Palmer Committee Chair

 3.1. Action Log MHAMC 27th May 2026.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 BUSINESS GOVERNANCE ACTIVITY** 20 min

4.1. Organisational Risk Register

Discussion Gareth Watts, Director of Corporate Governance/Board Secretary


 4.1 Organisational Risk Register.pdf (5 pages)

 4.1a Organisational risk register MHAMC 27.05.26.pdf (2 pages)

4.2. Draft Committee Annual Report 2025-26

Decision Gareth Watts, Director of Corporate Governance/Board Secretary

 4.2 Draft Annual Cover Report MHAMC 27 May 2026.pdf (4 pages)

 4.2a Draft Annual Report Mental Health Act Monitoring Committee.pdf (7 pages)

14:40 - 15:40
60 min

5. STRATEGIC PILLAR - IMPROVING CARE

5.1. Deep Dive Spotlight - The completion of MHS documentation

Discussion Robert Goodwin, Directorate Manager, CAMHs and Specialist Services

📄 5.1 Deep dive - Audit of MHA statutory documentation.pdf (14 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 May 2026.pdf (13 pages)

5.3. MHA Quarterly Activity Report / Analysis of Unlawful Detentions

Discussion Robert Goodwin, Directorate Manager, CAMHs and Specialist Services

📄 5.3 MHA Quarterly Activity Report Analysis of Unlawful Detentions.pdf (31 pages)

5.4. Risks Relating to the Monitoring of the MHA

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

📄 5.4 Risks Related to Monitoring of the MHA Q4 2026.pdf (5 pages)

5.5. Highlight Report from the Power of Discharge Committee

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

📄 5.5 Highlight Report from the Power of Discharge Committee.pdf (8 pages)

15:40 - 15:50
10 min

6. STRATEGIC PILLAR - CREATING HEALTH

6.1. Strategic Update from South Wales Police - TBC

Discussion SWP Colleagues

No update has been provided

6.2. Strategic Update from Local Authority Partners

Discussion Local Authority Partners

📄 6.2 Strategic Update from Local Authority Partners.pdf (5 pages)

15:50 - 15:55
5 min

7. CONSENT AGENDA

7.1. Items for Approval

7.1.1. Unconfirmed Minutes of the Meeting held on 25 February 2026

Decision Kath Palmer, Committee Chair

📄 7.1.1 Unconfirmed Minutes 25.02.26 MHAMC 27 May 2026.pdf (6 pages)

7.2. Items for Noting

7.2.1. Committee Annual Cycle of Business 2026


Information *Gareth Watts, Director of Corporate Governance/Board Secretary*

 7.2.1a MHAMC Annual Cycle of Business 2026 MHAMC 27 May 2026.pdf (4 pages)

 7.2.1b MHAMC Cycle of Business 2026 v3 KP.pdf (5 pages)

7.2.2. Committee Forward Work Plan

Information *Kath Palmer, Committee Chair*

 7.2.2 Forward Work Plan MHAMC 25 February 2026.pdf (2 pages)

15:55 - 16:00 8. CLOSE OUT BUSINESS

5 min

8.1. Committee Highlight Report to Board

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?

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

0 min

Information *Kath Palmer, Committee Chair*

26 August 2026 at 14:00 pm

Mental Health Act Monitoring Committee - Action Log (as at 15.15.2026)

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 Feb 2026	1,2	1	Apologies for absence	Amend meeting invite from Alyson Jones to Alexandra Beckham, Remove Dr Mary Self and check with Claire Williams if she would like people to come from the Care Group	Corporate Governance	Head of Corporate Governance and Board Business	mai-26	Propose to Close	Completed Meeting invites have been updated.
MHAMC Feb 2026	5,2	5	MHA Operational Group Update Report	Healthcare Inspectorate Wales Annual Report to be circulated to Members. Add the risk relating to the prolonged use of emergency departments and paediatric wards as places of safety for young people to the Forward Work plan for future consideration, with particular focus on eating disorders and transition age young people	Chair, MHA Operational Group	Deputy Chief Operating Officer	mai-26	Propose to Close	Completed HIW Annual Report circulated to Members sent out on 25/2/2026 The Risk has been added to the Forward plan
MHAMC Feb 2026	8,1	7	Committee Highlight Report	To escalate two positive reports, the power of discharge and the Deep Dive into Adult Detentions	Chair, MHA Operational Group	Deputy Chief Operating Officer	mar-26	Propose to Close	Completed These matters were included in the Highlight Report submitted to the March 2026 Board.
MHAMC Feb 2026	8,3	7	Meeting Feedback	To review the attendance of the CBC's and to invite SWP to attend	Corporate Governance	Head of Corporate Governance and Board Business	mai-26	Propose to Close	Completed - information provided to Julie Denley regarding CBC's and SWP
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	Propose to Close	Completed A visit to Royal Glamorgan Hospital has been arranged for the 27 May 2026 meeting and a meeting room has been secured at the Snowdrop Centre for the Committee to hold a face to face meeting
MHAMC Dec 2025	5,2	3	Operational Group Report	To include a lived experience/patient story for future meetings.	Chair, MHA Operational Group	Chief Operating Officer	feb-26	Open	In Progress The IMHA team are developing a patient story for the next operational group which will be shared with MHAMC. An update was supposed to be provided at the operational group on April 30th but patient consent hadn't been sought so it has been deferred. A deep dive is scheduled for the emergency department for August 2026

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	Propose to Close	Completed - 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. A further update on progress was provided to the Committee and included in the February 2026 Operational Group Update report
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CLOSED ACTIONS: Mental Health Act Monitoring Committee 2026

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 HW unannounced visit to Ward 7 by Usifard 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	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	CLOSED	This item was received at the August 2025 meeting.
MHAMC February 2025	5,4	6	South Wales Police - Highlight Report	To request a written update from SWP and circulate to Committee Members outside of the meeting	Corporate Governance Team / South Wales Police		mai-25	CLOSED	The Corporate Governance Team has emailed South Wales Police in response to the action and sent chaser emails. Will update accordingly As of April 2025 , it was agreed with the Executive Lead and Committee Chair that South Wales Police would present reports on an ad hoc basis due to their frequent attendance at Operational Group Meetings. If escalation is needed, it will be
MHAMC February 2025	5,6	6	Strategic Update from Local Authority Partners	Operational Management Board to discuss the issues raised in relation to transport.		Deputy COO/Director of Primary Community, Mental Health & LD	mai-25	CLOSED	The Service Director Mental Health and Learning Disabilities covered this off in her report to Operational Management Board and will escalate any actions needed as they arise. PROPOSE TO CLOSE
MHAMC September 2024	4,1	3	MHA Operational Group Report	Initiate an investigation to understand the recent increase in errors and explore solutions to address staff pressures and improve training programmes.	Chair, MHA Operational Group	Deputy COO/Director of Primary Community, Mental Health & LD	nov-24	CLOSED	Going forward the operational group will identify the individual responsible for submitting a poorly checked scrutiny form. This will help identify any themes in terms of staff and service pressures. To help with learning.
MHAMC September 2024	5,2	3	MHA Quarterly Activity Report Breaches Analysis of Unlawful Detentions	Provide updates to the Committee on the progress of the electronic System in future meetings.	Chair, MHA Operational Group	Deputy COO/Director of Primary Community, Mental Health & LD	feb-25	CLOSED	It was agreed to close this action at the February 2025 Committee meeting. However, with further updates to be received within the Risk Report and a separate progress report to be received at a future meeting.
MHAMC September 2024	5,6	6	Strategic Update from Local Authority Partners	Create a slide template for Local Authority representatives to facilitate ongoing review	LA Partners	Deputy COO/Director of Primary, Community, Mental Health & LD	des-24	CLOSED	A template was circulated for use in advance of the meeting.
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	CLOSED	A new data collection has been developed to capture individual reasons for delay focussing on Emergency Department activity
MHAMC Dec 2025	5,2	3	Operational Group Report	Review Section 5(2) detentions against inpatient admission rates and population size.	Chair, MHA Operational Group	Chief Operating Officer	feb-26	CLOSED	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	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	CLOSED	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	CLOSED	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	CLOSED	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 Focused Care to the Committee.	Chair, MHA Operational Group	Chief Operating Officer	feb-26	CLOSED	Circulated to the Committee via email 22.12.25
MHAMC May 2025	5	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	CLOSED	A programme of Deep Dives has been included in the Area And Cycle of Business for 2026 which is on the agenda for the February 2026 meeting
MHAMC Feb 2025	5.3.1	5	MHA Quarterly Activity Report - RCT area and present to the next meeting of the Committee for discussion.	To undertake a deep dive into adult mental health detentions within the RCT area and present to the next meeting of the Committee for discussion.	Chair, MHA Operational Group	Deputy COO/Director of Primary Community, Mental Health & LD	01/05/2025 Now February 2026	CLOSED	This is included in agenda item 5.1 Deep Dive Spotlight: Deep Dive into Adult Detentions



Agenda Item

4.2

Mental Health Act Monitoring Committee

Organisational Risk Register

Dyddiad y Cyfarfod / Date of Meeting	27 May 2026
Statws Cyhoeddi / Publication Status	Open/ Public
Awdur yr Adroddiad / Report Author	Louise Stait, Interim Assistant Director of Governance & Risk
Cyflwynydd yr Adroddiad / Report Presenter	Gareth Watts, Director of Corporate Governance & Risk
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance / Board Secretary

Pwrpas yr Adroddiad / Report Purpose	For review and endorsement ahead of presentation to Board committees
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Service, Function and Executive Formal Review	April 2026	RISKS REVIEWED
Executive Leadership Group	11 May 2026	MANAGEMENT REVIEW AND SIGN OFF RECEIVED

Acronyms / Glossary of Terms	



1. Situation / Background

- 1.1 The purpose of this report is for the Committee to review and discuss the organisational risk register and consider whether the assigned risks have been appropriately assessed.
- 1.2 The ORR report is normally produced bimonthly, however it has not been produced since January 2026 due to a key vacancy in the Governance Team. **This iteration of the report therefore reflects more change than usual.**

2. Specific Matters for Consideration

Risk Review

- 2.1. Care Groups and Central leads continue 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.

Risk Training

- 2.5 Risk training, although not a core training requirement under the statutory and mandatory framework, is available via the Electronic Staff Record (ESR).
- 2.6 Due to vacancy in the Governance Team, the sessions have not yet taken place in 2026. Monthly dates are now scheduled and live on ESR, starting with Thursday 11 June and Thursday 2 July.
- 2.7 The sessions are run by the Interim Assistant Director of Governance & Risk. The sessions are held virtually via Teams on a monthly basis for a duration of one hour.

Internal Audit of Risk Management Arrangements (April 2026)

- 2.8 Internal Audit has recently completed a review of risk management arrangements across a sample of Care Groups and corporate directorates and has concluded reasonable assurance overall.

2.9 The proposed actions focus on:

- increasing consistency in the format, quality and frequency of review of Care Group and corporate risk registers;
- strengthening escalation arrangements from teams to ensure risks are escalated in line with the Risk Management Policy

2.10 These actions will be taken forward and monitored via established governance arrangements.

3. Key Risks / Matters for Escalation

3.1. NEW RISKS AND NEW ESCALATIONS

Nil this period as assigned to this Committee

3.2. CHANGES TO RISKS

Risk Score Increased

Nil this period as assigned to this Committee

Risk Score Decreased or De-escalated (and thus removed from ORR)

Mental Health and Learning Disabilities Care Group

- Datix Risk ID 4973 - Clinical Medical Cover within CTM Adult Mental Health Services. Risk score reduced to 12 in May 2026 and removed from ORR.

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)

↑ = score increased since previous report (Jan 2026)

↓ = score decreased since previous report but still at 15+ and appearing on the ORR (there are no risks in this category)

↔ = score unchanged since previous report

N = new risk identified and added to Datix since January 2026

N↑ = established risk; newly escalated to the ORR following an increase in score.

N↔ = established risk with stable score; newly escalated to the ORR for visibility.



Consequence	5			3337 ↔		
	4				6318 ↔	6424 ↔
	3					4691 ↔
	2					
	1					
CxL	1	2	3	4	5	
	Likelihood					

4. Assessment

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM /Link to CTMUHB Strategic Goal(s)	The Organisational Risk Register supports delivery of all CTMUHB strategic goals by identifying, assessing and monitoring the principal organisational risks that may impact on their achievement.
Dolen i Feysydd Strategol BIP CTM /Link to CTMUHB Strategic Areas	The Organisational Risk Register provides visibility of risks across all Care Groups and corporate directorates, supporting executive oversight of risks relating to delivery, quality, workforce, finance, estates, digital and enabling functions.
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Resilient Wales
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Learning, Improvement & Research
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Safe The ORR exists to identify, monitor and mitigate risks that could cause harm. <ul style="list-style-type: none"> This includes clinical, operational, workforce, estates, digital and system risks. Even non-clinical risks (finance, workforce, digital) are framed through their <i>potential safety impact</i>.



Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	The ORR itself has no environmental impact but includes an environmental sustainability risk (5374) relating to delivery of the Health Board’s environmental and social duties and Climate Action Plan.
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Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	Not required for the Organisational Risk Register. Individual risks may have been subject to QIA.
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Cydraddoldeb a'r Gymraeg? /</i> Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL NEGATIVE	If no, please include rationale below: Not required for the organisational Risk Register. Individual risks may have been subject to an Impact Assessment.
Cyfreithiol / Legal	Yes (Include further detail below) See detail captured for each risk	
Enw da / Reputational	Yes (Include further detail below) See detail captured for each risk	
Effaith Adnoddau <i>(Pobl /Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	Yes (Include further detail below) See detail captured for each risk	

5. Recommendation

6.1 The Committee are asked to:

- **Review** the risks escalated to the Organisational Risk Register at Appendix 1.
- **Consider** whether the Committee can seek assurance from the report that all that can be done is being done to mitigate the risks.

6. Next Steps

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

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
Date 10	Strategic Risk owner	Care Group / Service Function	Identified Risk Owner/Manager	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Rating (current)	Heat Map LxH (Consequence X Likelihood)	Rating (target)	Trend	Opened	Last Reviewed	
1	6424	Director of Digital	Digital Directorate	Information Governance Manager	Statutory Duty, Regulation, Mandatory Requirements	Mental Health Subject Access Requests (SARs) (16/15)	If... SARs in the Mental Health Team are not processed efficiently due to lack of staff and resources, THEN... we may not be compliant with the law, RESULTING IN... enforcement action from the regulator (ICO), plus increased complaints from requesters and affected parties, adverse press and loss of faith in the organisation to uphold data subject rights.	All relevant Exec leads and senior managers have been made aware of the issues faced by the Mental Health Admin Team and the backlog of requests due to staff shortages. The SAR process is in place as it has been for years. Extra recruitment is needed to ensure there are enough staff to process the requests and handle the redaction/checking process.	15	C4 x L4	16	↔	20/11/2025	01/05/2026	
2	3337	COO and Director of Digital	Mental Health and Learning Disabilities Care Group	Service Director, Mental Health and Learning Disability	Safety & Well-being - Patients / Staff / Public	Lack of a Single Electronic Patient Record in Mental Health Services i.e. CAPHS	If... Mental Health Services do not have a single integrated clinical information system that captures all patients details, THEN... Clinical staff may make a decision based on limited patient information available that could cause harm, Resulting in: Compromised safety of patients, potential avoidable harm and compromised safety for staff in the workplace.	1. To ensure teams are able to access patient information in all localities, a matrix has been developed that informs teams of who they should contact to obtain current information from any of the multiple systems being used. This was introduced to mitigate risk to meet the HW recommendation. 2. Process in place for clinical teams to access information via local authority and health board teams. 3. Clinical teams will only use historical information as part of their current risk assessment and if this is not available they will judge the risk accordingly. 4. Merthyr and Cynon and Bridgend COS leads have confirmed that WCCIS is on their CSG risk register and their updates have been provided within this risk section, therefore aligned. 5. WCCIS Programme Board establishment for CTM was finalised by the 30th June 2021. Merthyr and Cynon COS Lead will Chair this group. The Chair of this group will report to the Senior Responsible Officer. The Task and Finish Groups is established and aligned to this Programme board Programme and is now established. 6. Local Authority have recently developed reports for Mental Health which identifies practitioner caseloads, admissions and discharges and care plans for compliance. 7. Community Drug and Alcohol Team in Bridgend have now moved over to WCCIS, early implementation learning continues to take place. 06.09.2023 8. New WCCIS Programme Board and Operational Group established for CTM. The Digital Director and Deputy COO are SROs for the Programme. 9. Project manager has been recruited. This role is leading on the PID and will support the wider project plan. 10. Business Case refresh is underway with a view to present to Board for approval. 11. Workforce capacity impacts on programme deliverables and proposal has been submitted to HEW for support. 12. Director of Digital, CTMHB has undertaken a review confirming that WCCIS remains the best solution to progress for CTMHB in general and for Mental Health specifically. 13. WCCIS will become non functional in 2025 therefore, its name has now been removed from the Programme and replaced with Connecting Care. DHCW are procuring an All Wales digital system; this is currently ongoing (9.7.24)	April 2026: Risk reviewed no change March 2026 newsletter attached The Recommendation Report is still with WG for approval therefore the contract award is delayed. Feb 2026: The procurement evaluation has been completed and the Recommendation Report has been drafted and escalated to WG for approval. The contract award is now imminent. Recruitment for key programme roles such as Project Manager, Programme Manager and Business Analyst are complete. It is anticipated that the contract will start in April 2026 and the transition to the system can begin. 01/07/2026 10:21:11 Griffiths, M Lloyd - Head of Nursing - Mental Health (Bridgend ILS) Risk reviewed no change, see attached Jan 26 Newsletter for progress. The post of MHLID Nursing Information Officer has been appointed to	15	C5 x L3	6	↔	07/11/2018	01/05/2026
3	4691	Chief Operating Officer	Mental Health and Learning Disabilities Care Group	Service Director, Mental Health and Learning Disability	Safety & Well-being - Patients / Staff / Public	The Provision of Safe and Appropriate Estate for Inpatient MH Care	If... Mental health inpatient environments fall short of the expected design and standards, THEN... Care delivered may be constrained by the environment, which is critical to reducing patient frustration and incidents as well as presenting more direct risk as a result of compromised observations. Resulting in: Compromised safety of patients, potential avoidable harm, compromised safety for staff in the workplace and extended lengths of stay.	A Quality Improvement programme in relation to inpatient care has started and a work stream in relation to Safe and Therapeutic Environments has been established with the aim of optimising the patient experience. Inaugural workshop took place on the 26th April. Assistant Director of Strategic Transformation - Mental Health has commenced in post. This new role will lead a range of strategic programmes including recommending a capital business case for a new Mental Health Unit. Annual revisiting of all patient ligature risks and completion of Statement of Needs via capital process for any ligature risks assessed as needing resolution. All anti ligature works planned for 2022 - 2023 have now been completed. A scoping document case is to be prepared and submitted to WG. Inpatient Improvement Programme established April 2023. The inpatient review and remodelling programme continues to progress, with Safe Wards interventions and enhanced therapeutic input positively received by staff, patients, and external reviewers. The inpatient renaming of the wards to align with the new model remains pending resolution of governance and safety compliance requirements	March 2026: Risk title changed April 2026: The inpatient mental health service review and remodelling programme continues under MHLID governance, with no change to current controls or risk scoring	15	C3 x L5	6	↔	15/06/2021	01/05/2026
4	6232	Executive Director of Nursing	Nursing Directorate	Deputy Executive Director of Nursing	Safety & Well-being - Patients / Staff / Public	Stability of the Legal Services Function	If... the Health Board fails to adequately equip the Legal Services Function with the resources and support to fulfil the requirements of the function. Then: there is a risk to staff turnover and retention, wellbeing and morale. Risk to the reputation of the function and the Health Board as an employer of choice. Lack of resilience and capacity to fulfil the obligations under the relevant legislation surrounding the activity of the function. Resulting in: an adverse impact to the wellbeing and morale of staff leading to increased sickness absence and staff turnover. Lack of job satisfaction. Increasing risk of breaching relevant legislation due to lack of sustainable resources and resilience of the existing function. Loss of Trust and Confidence in the Legal Service Function / Reputation.	Current Control Measures: Review initiated to understand CTMHB's position in terms of the number of inquests underway and the response to requests. Current controls: OCP underway to consider structures of the function. Benchmarking and learning from other organisations. Mitigating Action Plan: Legal Services Recovery Plan in place which will consider if there is sufficient capacity to manage cases effectively, if internal processes and systems need to be revisited to make changes and identify areas for further improvement. July 2025: The Organisational Change Process is near completion, with feedback from team members now catalogued. The benchmarking exercise is complete, and the senior leadership team is reviewing the structure against known demand. Additional workforce in place through recruitment and redeployment to support immediate service needs and overall recovery. September 2025: The recovery programme continues to make progress in standardising and stabilising processes and work plans. The OCP remains delayed as a result of the prioritisation of work and gaps in senior leadership owing to non-work-related absence.	April 2026: The risk to remain at its current level until above recruitment (RE: OCP) is concluded and the revised staffing arrangements for the Legal Team are fully in place. Progress will continue to be monitored through routine governance and risk reporting.	15	C3 x L5	6	↔	03/07/2025	02/05/2026

Datix ID	Strategic Risk owner	Strategic Objective	Risk Domain	Risk Title	Risk Description	Controls in place	Action Plan	Assuring Committees	Rating (current)	Rating (Target)	De-escalation Rationale
4973	Chief Operating Officer	Improving Care	Patient / Staff /Public Safety Impact on the safety – Physical and/or Psychological harm	Clinical Medical Cover within CTM Adult Mental Health Services	<p>If: CTM Mental Health Service fails to implement adequate senior medical cover across adult in-patient and CMHT services</p> <p>Then: the Health Board's ability to provide quality care, a safe environment for patients and a good standard of training for junior doctors will be reduced and potentially compromise the safety of patients and staff</p> <p>Resulting in: sub-optimal care to patients, inability to discharge its legal duties under the Mental Health Act, due to insufficient numbers of suitably skilled and experienced Approved Clinicians. Junior doctor supervision will be reduced which may affect future recruitment, patient safety/experience compromised and staff well being will be poor.</p>	<p>Functional inpatient model in place with 3 consultants to cover. Redeployment out of the service and resignation has led to a further depleted workforce and cover will reduce to two consultants from January 2025 with additional middle grade support.</p> <p>Substantive jobs which are new posts are being developed and advertised</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. 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. Weekly cover rota going out to inpatients and rehab wards to ensure all are aware of the cover arrangements.</p>	<p>Substantive jobs which are new posts are being developed and advertised. Substantive and significant programme of work running alongside this in the Medical Workforce Productivity in place. International recruitment drive looking to recruit two Specialty Doctors to Inpatients and Rehab in August 2025.</p> <p>Update December 2025 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 MHLDC Care Group with sessions as Interim</p>	<p>Quality, Safety & Experience Committee</p> <p>Operational Delivery Committee</p>	16		<p>A number of Nationally reportable incidents have been raised since February 2025 within Obstetrics / Maternity. De-escalated and removed from the ORR in February 2026 following internal and external assurance and Care Group agreement.</p>



Agenda Item

4.2a

Mental Health Act Monitoring Committee

Mental Health Act Monitoring Committee Draft Annual Report 2025-2026

Dyddiad y Cyfarfod / Date of Meeting	27/05/2026
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Sharon Edwards, Interim Corporate Governance Officer
Cyflwynydd yr Adroddiad / Report Presenter	Kath Palmer, Independent Member/Health Board Vice Chair
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance / Board Secretary

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

Acronyms / Glossary of Terms	

1. Situation / Background

- 1.1 The purpose of this report is to highlight the activities and performance of the Mental Health Act (MHA) Monitoring committee during 2025-2026

2. Specific Matters for Consideration

- 2.1 The Chair of the MHA Monitoring Committee is required to present an annual report outlining its business throughout the financial year to provide the Board with assurances as to scrutiny of performance in relation to meeting the requirements of the MHA 1983.
- 2.2 The MHA Monitoring Committee's draft Annual Report for 2025-2026 is presented at **Appendix 1** for Endorsement.
- 2.3 The Committee Annual Report at **Appendix 1** summarises the key areas of business activity undertaken by the Committee over the past year and highlights some of the key issues which the Committee intend to give further consideration to over the next 12 months.

3. Key Risks / Matters for Escalation

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



4. Assessment

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

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



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

5. Recommendation

- 5.1 The Mental Health Act Monitoring Committee is asked to:
- 5.2 **DISCUSS** and **ENDORSE** the Annual Report for submission to the Health Board at its meeting to be held on 30 July 2026.



ANNUAL REPORT 2025-2026 MENTAL HEALTH ACT MONITORING COMMITTEE



Sharon Edwards (Cwm Taf Morgannwg - Corporate Governance)
CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

MENTAL HEALTH ACT (MHA) MONITORING COMMITTEE

DRAFT ANNUAL REPORT 2025-2026

FOREWORD

I am delighted to share the Annual Report for the Mental Health Act Monitoring Committee for the year 2025-2026. This report outlines the Committee's activities and achievements up to March 2026, in accordance with our Terms of Reference.

I would like to express my thanks to all the officers of the Health Board, Local Authority Partners and South Wales Police who have supported and contributed to the work carried out and for their commitment in meeting important targets and deadlines.

This year marked a change in the leadership of the Mental Health Act Monitoring Committee. I assumed the role of Chair during the year, following the conclusion of Geraint Hopkin's tenure as Chair of the Committee.

I would like to take this opportunity to thank Geraint for his commitment, leadership, and service in chairing the Mental Health Act Monitoring Committee prior to my appointment. His contribution played an important role in supporting the Committee's work and the ongoing oversight of the Health Board's compliance with the statutory requirements of the Mental Health Act.

Throughout the year, the Committee has remained committed to promoting a collaborative approach to support the continuous improvement of services for the Cwm Taf Morgannwg community. In my role as Vice Chair, I have ensured that the Committee's work has remained aligned with its Terms of Reference and that there has been effective coordination with the Mental Health Act Operational Group.

Kath Palmer,
Chair of the Mental Health Act Monitoring Committee
Cwm Taf Morgannwg University Health Board (CTMUHB)

INTRODUCTION

The Mental Health Act (MHA) Monitoring Committee is chaired by an Independent Member and provides assurance and oversight of the Health Board's compliance with the statutory requirements of the Mental Health Act 1983 (as amended). The Committee's role is to ensure that the Health Board meets its legal duties under the Act and that patients' rights are safeguarded throughout the operation of mental health services.

The Committee has continued to evolve during the year, with further development of report formats and agenda content to strengthen oversight, improve assurance, and ensure that emerging risks and areas of concern are appropriately scrutinised. This has supported more focused discussion and clearer visibility of compliance, quality, and governance issues related to the application of the Mental Health Act across the organisation.

In line with Cwm Taf Morgannwg University Health Board's commitment to openness and transparency, the meeting papers for this Board Committee are routinely published on the CTMUHB [website](#)

The Committee meets on a quarterly basis. Following each meeting, a highlight report is produced summarising key matters discussed, including significant issues, risks, and areas requiring assurance or further action. This highlight report is submitted to the next public Board meeting to ensure that the Board is sighted on key Mental Health Act compliance issues and can provide appropriate oversight and direction where required.

The purpose of the Mental Health Act Monitoring Committee is to ensure that all requirements of the Mental Health Act 1983 (as amended) are met by the Health Board, and that there are effective systems in place to monitor compliance, address identified gaps and support continuous improvement in the delivery of Mental Health Act services.

The Committee considers:

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

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

MEMBERSHIP

The membership of the Mental Health Act Monitoring Committee comprises both Independent Members and Executive Directors, enabling the Committee to provide robust scrutiny and independent assurance to the Board, separate from day-to-day management decision-making processes.

Independent membership of the Committee during 2025-2026 was as follows:

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

MEETINGS

The Mental Health Act Monitoring Committee met on four occasions during 2025/26. During the year, the Committee reviewed its forward work programme to ensure that key issues were appropriately prioritised and aligned with assurance requirements.

The four dates on which it met during 2025-2026 were as follows:

- 13th May 2025
- 20th August 2025
- 4th December 2025
- 25th February 2026

Public Meeting Attendance

Attendance Level 2025-2026	13 th May'25	20 th Aug'25	4 th Dec'25	25 th Feb'26	TOTAL
Kath Palmer Chair July 2025 onwards	x	✓	✓	✓	3/4
Geraint Hopkins Chair until July 2025	✓	x	x	x	1/4
Helen Lentle Vice Chair July 2025 Onwards	✓	✓	✓	✓	4/4

Rachel Rowlands IM	X	X	X	✓	1/4
Hayley Proctor IM	✓	✓	✓	✓	4/4

In-Committee Attendance

Attendance Level 2025-2026	13 th May 25	TOTAL
Kath Palmer Chair July 2025 Onwards	x	0/1
Geraint Hopkins Chair until July 2025	✓	1/1
Helen Lentle Vice Chair July 2025 Onwards	✓	1/1
Rachel Rowlands IM	N/A	N/A
Hayley Proctor IM	1/1	1/1

All of the above meetings were quorate.

MAIN AREAS OF MHAM COMMITTEE ACTIVITY

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

- Part 1 - Preliminary Matters
- Part 2 - Consent Agenda Business
- Part 3 - Main Agenda
- Part 4 - Risk Management
- Part 5 - Governance & Assurance
- Part 6 - Consent Agenda
- Part 7 - Close Out Business

Part 1 - Preliminary Matters

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

Part 2 - Consent Agenda Business

This section is where the Committee Chair will ask if there are any items from the Consent Agenda that Committee Members wish to bring forward to the main agenda for discussion

Part 3 - Main Agenda

This section has included reports throughout the year which included:

- The Action Log
- Matters Arising not Contained within the Action Log
- Committee Annual report

Part 4 – Risk Management

This section has included reports throughout the year which included:

- Organisational Risk Register

Part 5 – Governance and Assurance

This section has included reports throughout the year which included:

- Deep Dive Spotlights
- MHA Operational Group Report
- MHA Quarterly Activity Report – Breaches / Analysis of Unlawful Detentions
- Risks Relating to Monitoring of the MHA
- Highlight Report covering various subjects
- Strategic Update from South Wales Police
- Strategic Update from Local Authority Partners

Part 6 – Consent Agenda

This section included reports presented to the Committee throughout the year, comprising of items for approval and items for noting, including:

For approval

- The Unconfirmed Minutes of the previous meeting
- Committee Annual Report

For **items for noting**, including:

- Forward Work Programme
- Committee Annual Cycle of Business

Part 7 – Close Out Business

This section included reports presented to the Committee throughout the year, including:

- The Committee Highlight Report
- Terms of Reference
- Any other Urgent Business
- Meeting Feedback

Policies Approved by Committee;

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

Other Reports Presented to Committee;

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

Links with Other Committees/Boards

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

6. ACTION LOG

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

7. GOVERNANCE

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

8. ASSURANCE TO THE BOARD

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

The MHA Monitoring Committee wishes to assure the Board that on the basis of the work completed by the Committee during 2025-2026 there are effective measures in place to scrutinise and monitor the application of the MHA.



Agenda Item

5.1

Mental Health Act Monitoring Committee

Statutory documentation audit for patients detained under the Mental Health Act (2025) - Deep Dive

Dyddiad y Cyfarfod / Date of Meeting	27/05/2026
Statws Cyhoeddi / Publication Status	Open/ Public Choose an item.
Awdur yr Adroddiad / Report Author	Robert Goodwin, Directorate Manager
Cyflwynydd yr Adroddiad / Report Presenter	Robert Goodwin, Directorate Manager
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Julie Denley, Director of Primary, Community and Mental Health
Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)

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

Acronyms / Glossary of Terms

MHA	Mental Health Act
COPW	Code of Practice for Wales
HIW	Health Inspectorate Wales
AMAT	Audit Management and Tracking
PoWH	Princess of Wales Hospital
RGH	Royal Glamorgan Hospital
YCC	Ysbyty Cwm Cynon
YGT	Ysbyty George Thomas
SRU	Supported Recovery Unit
MHU	Mental Health Unit
RC	Responsible Clinician
MDT	Multi-Disciplinary Team
SOAD	Second Opinion Appointed Doctor
MHRT	Mental Health Review Tribunal

1. Situation /Background

The Mental Health Act (MHA) office have completed an audit of all MHA statutory documentation throughout the Health Board. This information has been gathered from the fourteen wards within CTMUHB that have patients detained under the MHA 1983. Each of which has been subject to a quarterly audit using an audit proforma on four occasions through the year. The data which has been collected has been entered on the Audit Management and Tracking (AMAT) system for each quarter within 2025/26.

The purpose was to evaluate compliance with the Code of Practice for Wales (CoPW) and guidance given by HIW regarding the proper filing of statutory documentation within patient notes and medication charts. Data is gathered from a random selection of five detained patient files from each ward during each quarter. The files are checked against a list of sixteen standards.

The results include all locations within CTMUHB and the percentage compliance relates to the five files from each location audited every quarter within 2025/26 i.e. twenty patient files from each location throughout the year.

It should be noted that whilst the MHA office routinely carry out these audits on a quarterly basis for AMAT purposes audits on paper-based health records are conducted with greater regularity when time allows.

2. Specific Matters for Consideration

2.1 Locations within the Mental Health and Learning Disabilities Care which have been subject to the MHA documentation audits

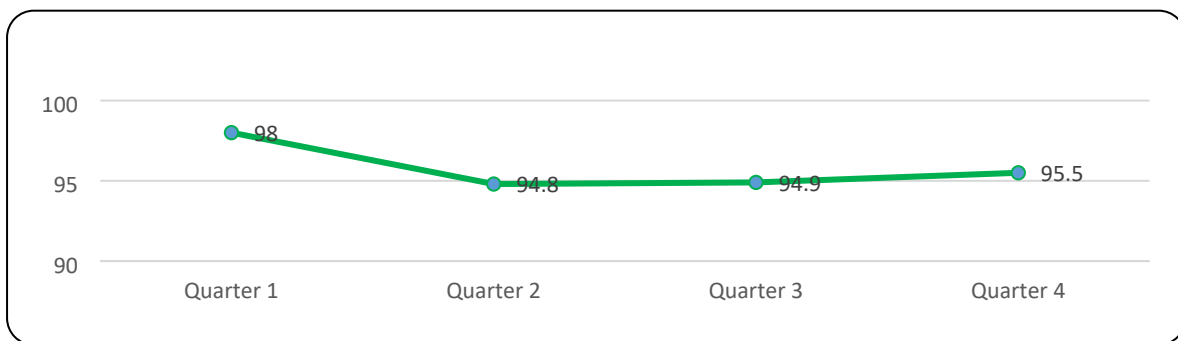
Table 1: Ward/unit Locations within CTMUHB included within quarterly audits.

Locations
Glanrhyd, Ward 1 Angelton
Glanrhyd, Ward 2 Angelton
PoWH, Psychiatric ICU
PoWH, Ty Llidiard
PoWH, Ward 14
RGH, Seren Ward
RGH, St. David's Ward
YCC, Ward 7
Pinewood House
RGH, MHU Admissions
RGH, MHU PICU
RGH, MHA Ward 21
RGH, MHA Ward 22
YGT, SRU

2.2 Aggregate quarterly results from the audit of 14 wards/units

The below graph shows the consistently high compliance rate being achieved throughout the Health Board for this time period. The following graphs will break this down by each question checked during the audit to identify which areas require further investigation or action.

Graph 1: 2025/26 percentage compliance throughout CTMUHB



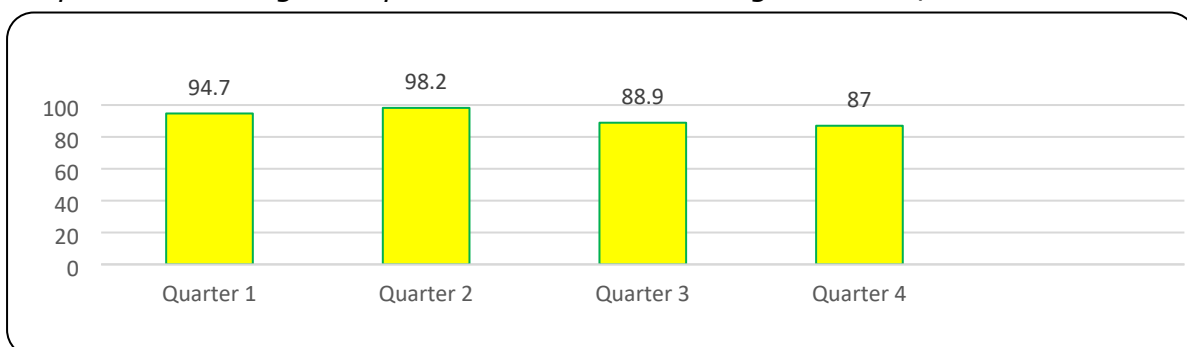
2.3 Results for each audit standard contained within the audit proforma

Standard 1 - The detention papers are filed in the correct order in the health record

Of the 14 wards/units audited a compliance rate of 87% was recorded in Q4. Lower compliance occurred in those wards/units relying on paper-based records and where there were ward clerk absences.

The MHA office send scanned copies for wards to print off and add to the patient record. Instructions on the correct order of these are given but unfortunately on audit they are not always found to be present. These issues are always raised with ward managers following audit by the MHA office and they are also notified directly though AMAT.

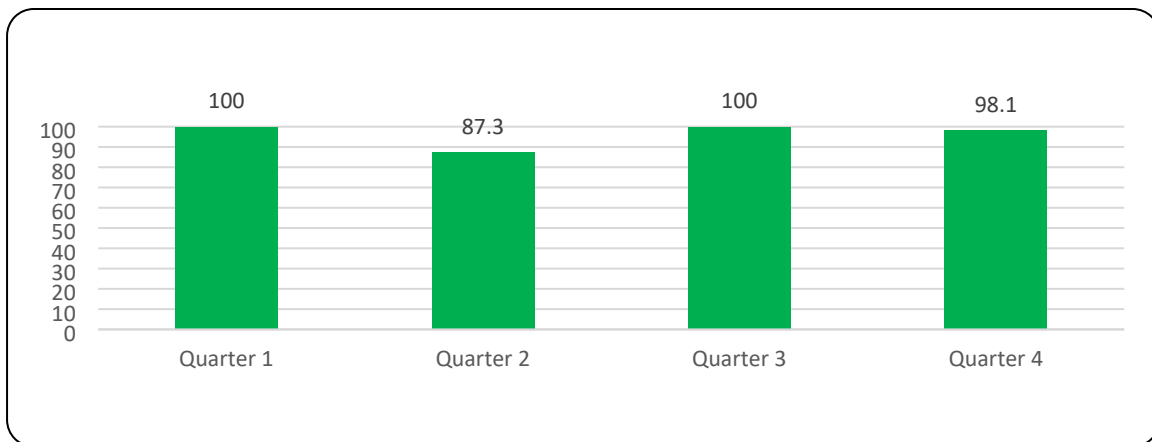
Graph 2: Percentage compliance in CTMUHB throughout 2025/26



Standard 2 - The S132 rights proforma is present in the Health Record

Non-compliance in Q2 and Q4 due to patient unwilling for rights to be read or having fluctuating capacity. There are also instances where the MHA office have sent several reminders to wards regarding the reading of rights. If no response is received by the third reminder the Team Lead or Manager of the MHA office will contact the Ward Manager directly to action.

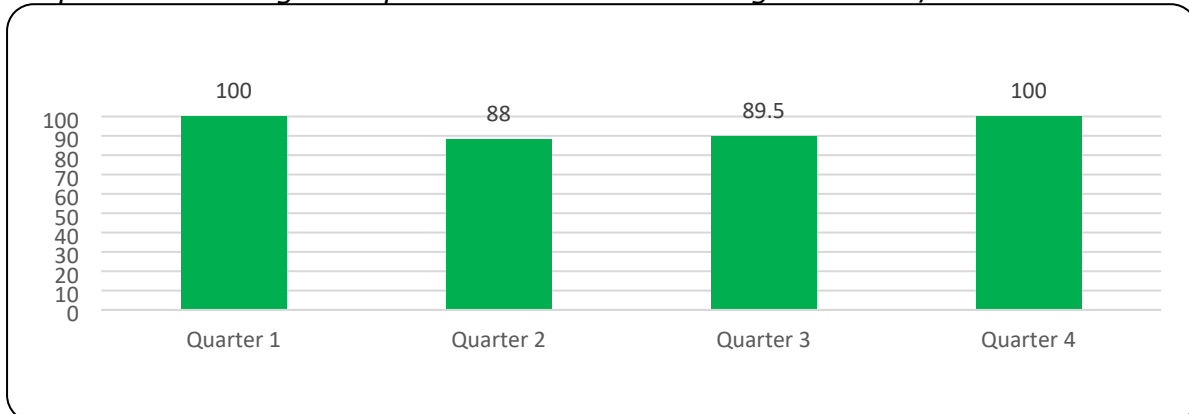
Graph 3: Percentage compliance in CTMUHB throughout 2025/26



Standard 3 - The Nearest Relative letter has been completed (COPW chapter 4.36)

Nearest Relative letters can only be sent once patient rights have been received with consent to notify the Nearest Relative of their detention. Non-compliance in Q2 and Q3 was due to the late receipt of patient rights.

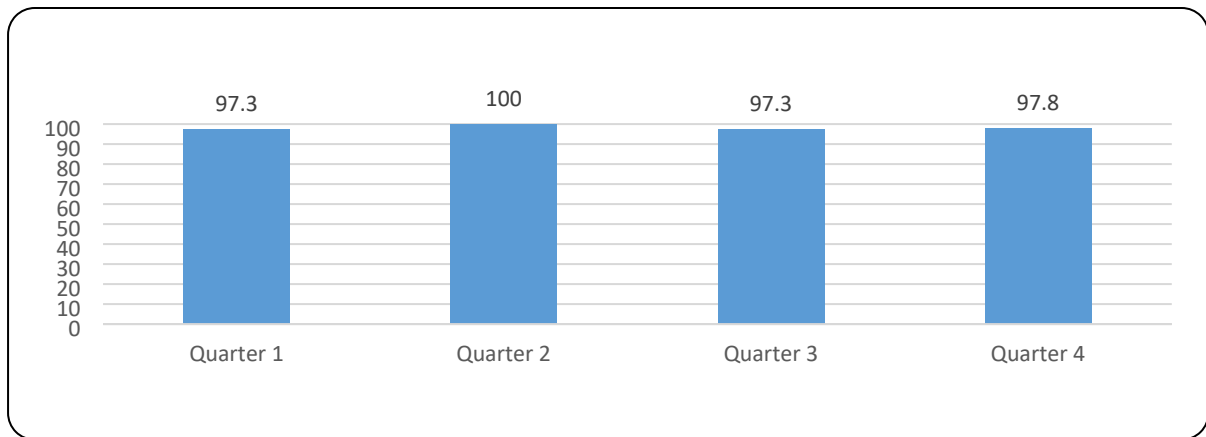
Graph 4: Percentage compliance in CTMUHB throughout 2025/26



Standard 4 - There is a current S17 leave form present in the health record (COPW chapter 27.17)

The small volume of non-compliance during Q1, Q3 and Q4 all occurred in those wards/units still using paper records. This is addressed by the MHA office following audit by contacting Ward Managers to rectify.

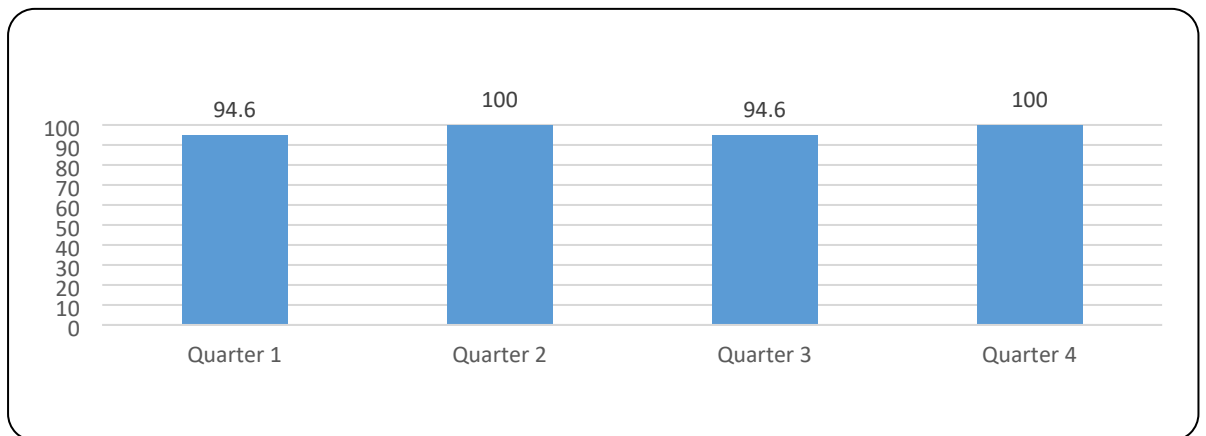
Graph 5: Percentage compliance throughout CTMUHB in 2025/26



Standard 5 – There is a current S17 leave form uploaded to the electronic MHA folder

S17 leave forms are completed by RC and ward staff during MDTs and forwarded to the MHA office once completed. Non-compliance during Q1 and Q3 due to wards not informing MHA office of new S17 leave forms

Graph 6: Percentage compliance throughout 2025/26

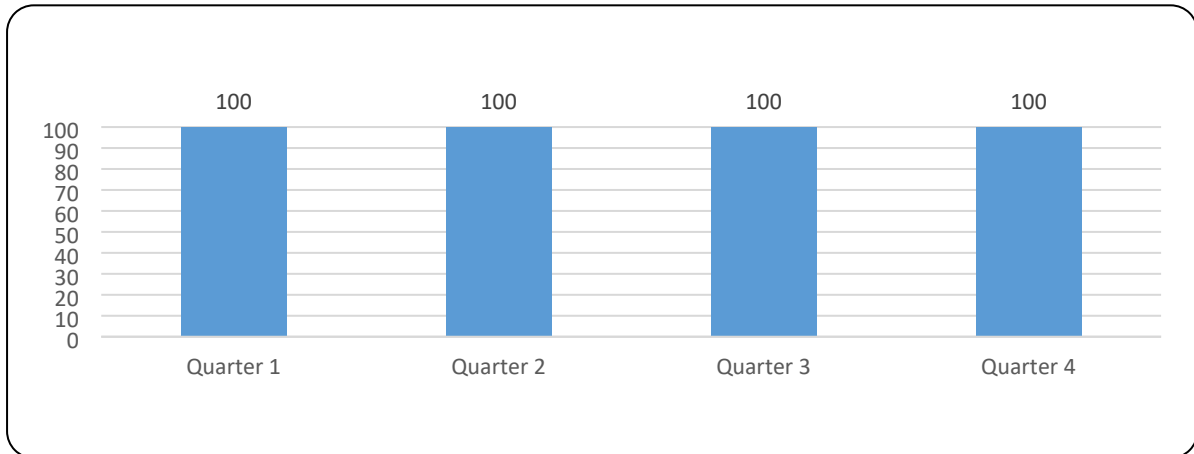




Standard 6 - Previous S17 leave forms have been cancelled in electronic MHA folder (COPW chapter 27.17)

The MHA office is responsible for cancelling previous S17 leave forms and it is pleasing to see full compliance reached with this standard.

Graph 7: Percentage compliance throughout CTMUHB in 2025/26

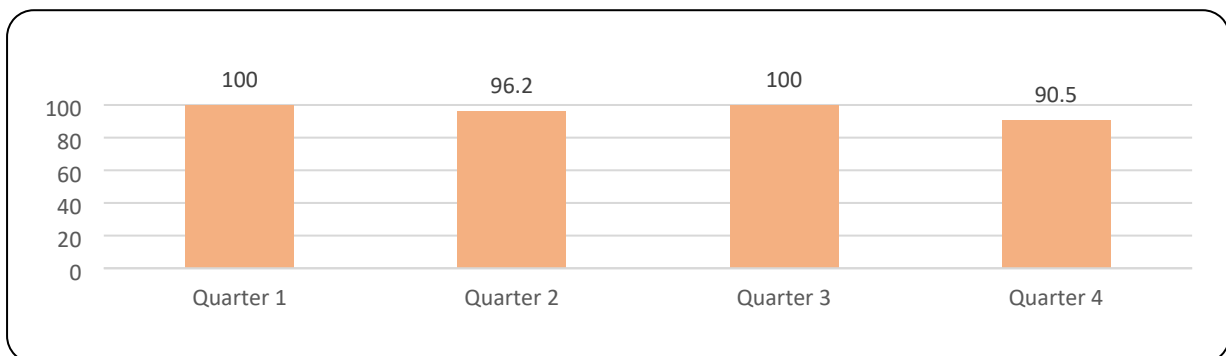


Standard 7 - The treatment certificate is signed by the current RC (COPW chapter 25.84)

Where compliance has fallen below 100% this was due in large part to medical staffing challenges in the ward/unit concerned.

When a new RC is appointed, there is a requirement for the treatment form to be amended. Whilst medical staff were deployed in order ensure each detained patient had an RC it was not always possible for a new treatment form to be generated in time to meet the requirements of the audit.

Graph 8: Percentage compliance throughout CTMUHB in 2025/26

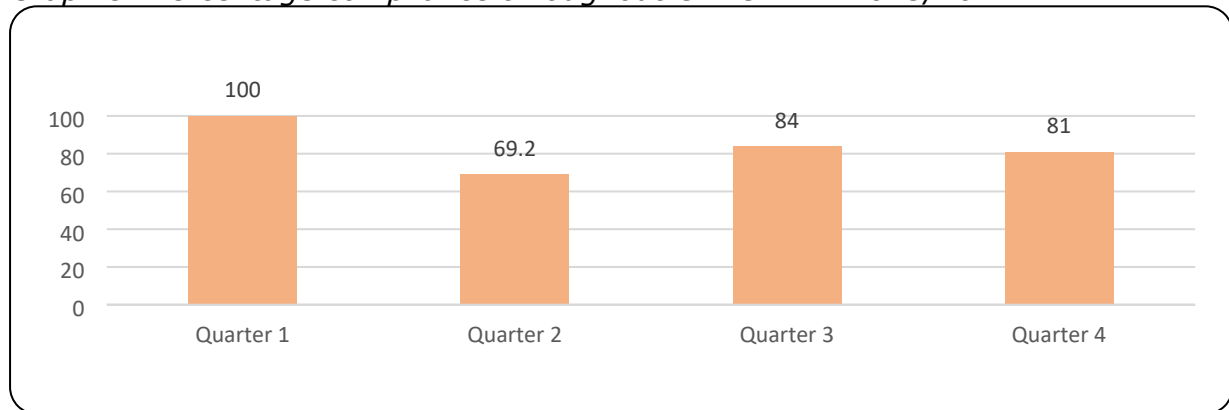




Standard 8 – There is a copy of the current treatment certificate filed with the prescription chart (COPW chapter 25.22)

Non-compliance in Q2, Q3 and Q4 was due to old certificates being attached to the medication charts or missing altogether. The MHA office send the wards copies of new treatment certificates and specify they are to be printed and attached to the medication chart. Following the audit, the MHA office contact Ward Managers to rectify any instance of missing or old certificates on the medication charts.

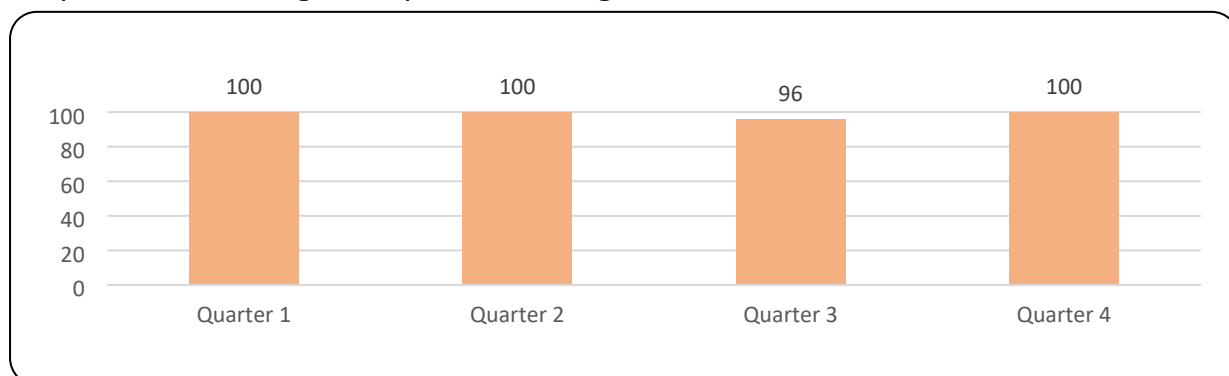
Graph 9: Percentage compliance throughout CTMUHB in 2025/26



Standard 9 – There is a copy of the current treatment certificate in the patient’s health record (COPW chapter 25.22)

The slight decrease in percentage compliance in Q3 was due to the treatment certificate missing from the patient paper records. This was quickly resolved when the MHA Manager contacted the ward.

Graph 10: Percentage compliance throughout CTMUHB in 2025/26

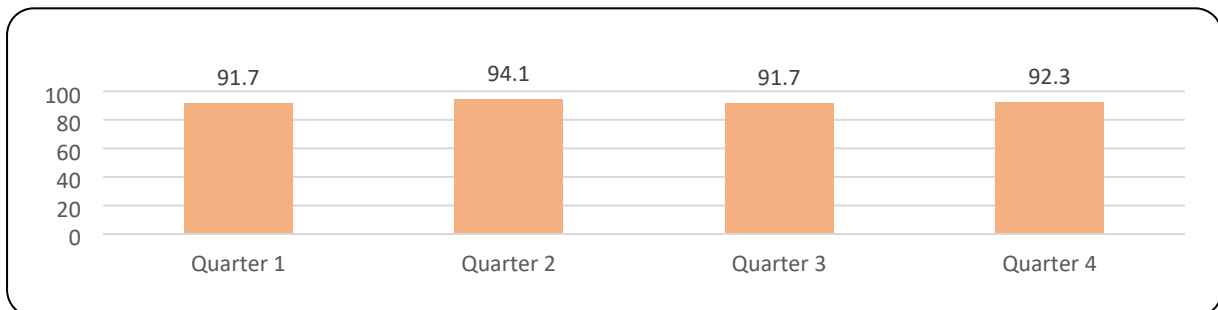


Standard 10 – There is an RC treatment form in place for qualifying patients i.e. after 3 months detention (COPW chapter 25.12)

The RC is required to review the patient in order to generate a treatment form following detention. The Act allows for the patient to be treated without consent for the first three months of their Detention after which a treatment certificate must be completed by the RC.

If an RC becomes responsible for a patient towards the end of the 3-month period it can take a while for them to become familiar with that patient and assess their capacity to consent to treatment. The recent medical staffing challenges in the Royal Glamorgan Hospital Mental Health Unit have contributed to delays in the generation of these forms.

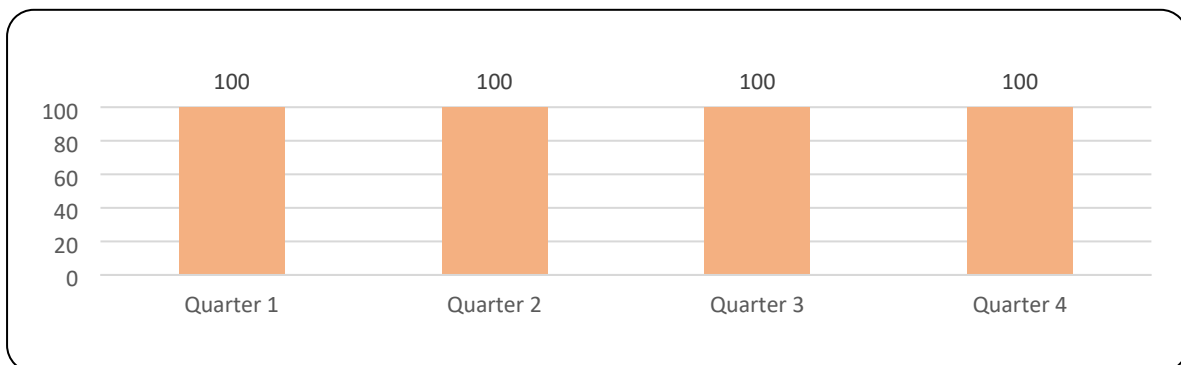
Graph 11: Percentage compliance throughout CTMUHB in 2025/26



Standard 11 – There is a copy of the RC’s assessment of patient capacity within the health record (COPW chapter 24.31-24.34)

It is pleasing to note that full compliance was reached with this standard.

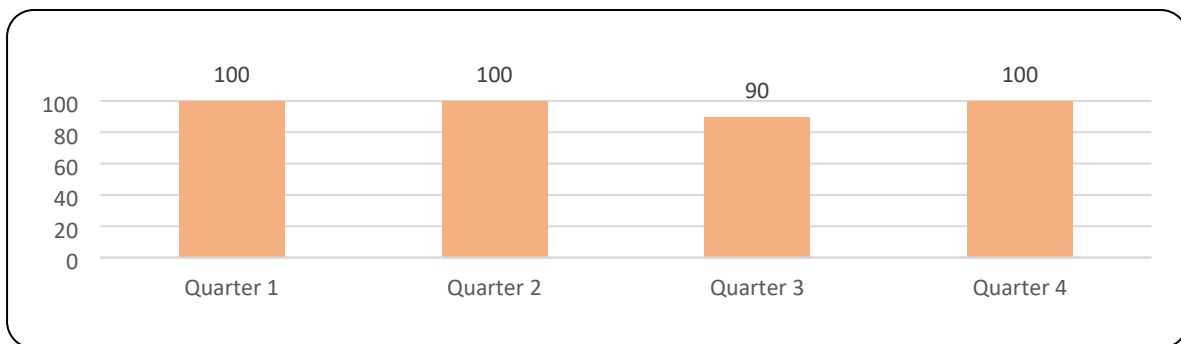
Graph 12: Percentage compliance throughout CTMUHB in 2025/26



Standard 12 – Patient has been fully informed by the RC of the outcome of the Second Opinion Appointed Doctor’s (SOAD) assessment (COPW chapter 25.69)

The slightly lower compliance in Q3 was again due to medical staff challenges and changes to the RC. The RC changes were shortly after the SOAD certificates were received and so the RCs needed time to go through the allowed treatment and discuss with the patients.

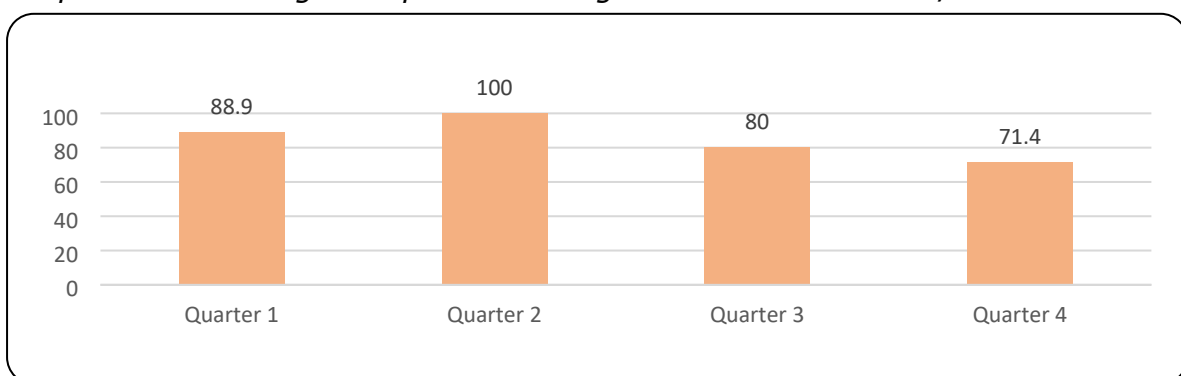
Graph 13: Percentage compliance throughout CTMUHB in 2025/26



Standard 13 – There is a record of the consultees’ discussions with the SOAD (COPW chapter 25.62)

SOADs must consult with two people from different disciplines prior to completing a treatment certificate. When the certificate is received by the MHA office reminders are sent out to the consultees informing them that the COPW asks that they record their discussion with the SOAD in the patient notes. Low compliance was due in part to this responsibility resting with an agency nurse who was only present for a short time and consultees’ being unable to recall the conversation. Further work required to emphasise the consultees responsibilities to record the conversation in the health record.

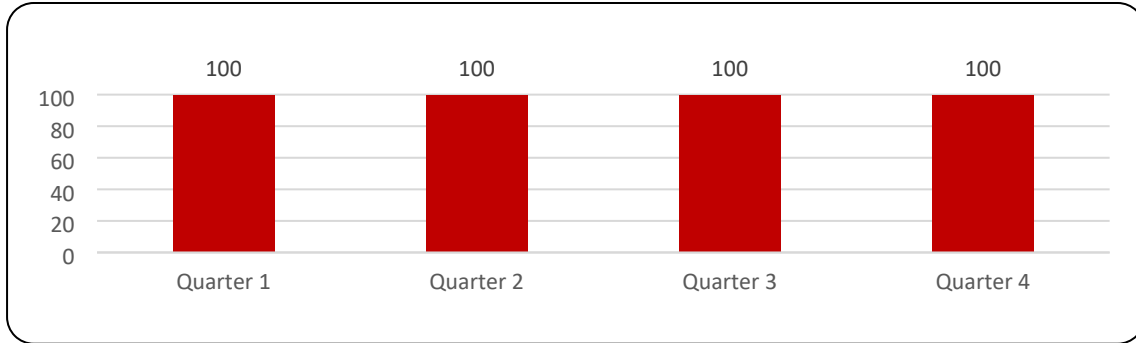
Graph 14: Percentage compliance throughout CTMUHB in 2025/26





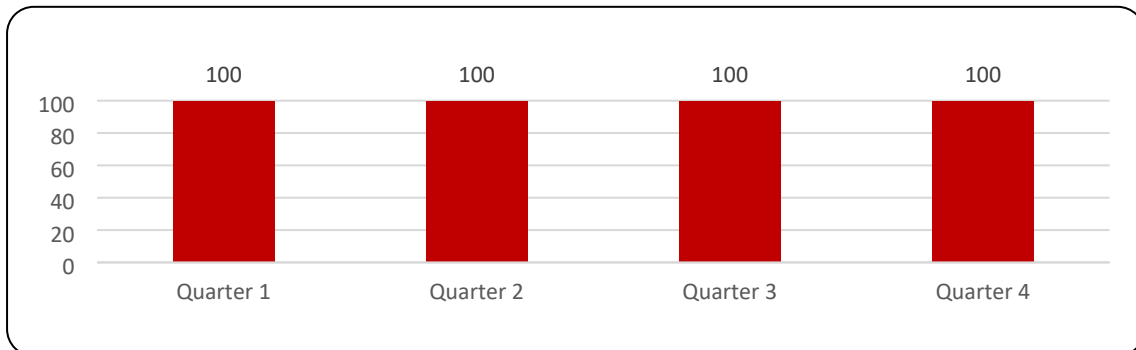
Standard 14 – There is a copy of the Hospital Managers decision in the health record

Graph 15: Percentage compliance throughout CTMUHB in 2025/26



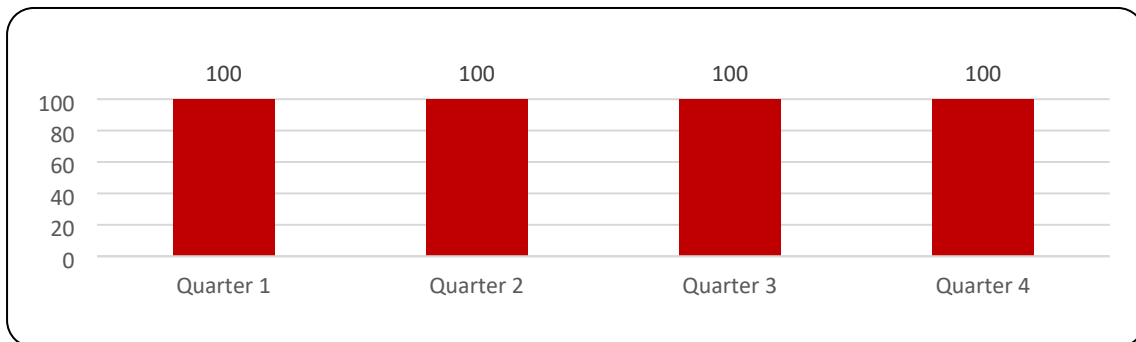
Standard 15 – The patient has been sent a copy of the Hospital Managers decision (COPW chapter 38.42)

Graph 16: Percentage compliance throughout CTMUHB in 2025/26



Standard 16 – There is a copy of the MHRT decision in the health record

Graph 17: Percentage compliance throughout CTMUHB in 2025/26



3. Key Actions

- It is noted that compliance levels in those areas which rely on paper records tend to be lower than those within areas where electronic health records are used. The Health Board's progress with the introduction of a single electronic record within the Care Group will help further improve compliance rates.
- Medical staff challenges have had an impact on compliance rates in some areas. Whilst there continue to be some problems good progress is being made in reducing these medical staff challenges.
- The results of the audit will be widely shared with all wards/units to ensure staff are aware of the necessary areas for improvement. It will also be included with local training arrangements being delivered by the MHA team.
- The quarterly audits will continue to take place through 2026/27.
- The MHA team liaise with the Ward Manager or deputy in relation to statutory documentation issues and will ask clinical colleagues to ensure robust arrangements are in place with regards to standards when agency staff are deployed.
- **Standard 2** – Nursing staff are to be reminded of the need to ensure that patients' rights are read in a timely manner.
- **Standard 8** – The MHA team will continue to focus on the filing of current treatment certificates with prescription charts during their regular visits to services. In addition to the quarterly audits ward-based nursing staff complete weekly Section 58 audits of Consent to Treatment documentation for detained patients (appendix 1). Nursing colleagues will be reminded to focus on this area.
- **Standard 13** – There is a need to ensure that SOAD consultees make a record of the discussion with the SOAD. HIW will be asked to reinforce the importance of SOADs communicating this requirement to consultees. This will be raised in the MHA forum and be included in the developing SOAD handbook.

Objectives / Strategy	
Dolen i Nod (au) Strategol BIP CTM / Link to CTMUHB Strategic Goal(s)	Improving Care
	If more than one applies please list below:
Dolen i Feysydd Strategol BIP CTM / Link to CTMUHB Strategic Areas	Living Well
	If more than one applies please list below:
	A Healthier Wales



<p>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</p>	<p>If more than one applies please list below:</p>
<p>Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))</p>	<p>Learning, Improvement & Research</p> <p>If more than one applies please list below:</p>
<p>Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))</p>	<p>Person Centred</p> <p>If more than one applies please list below:</p>
<p>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</p>	<p>No - Not Applicable</p> <p>If more than one applies please list below:</p>

Impact Assessment		
<p>Ansawdd <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></p>	<p>Yes: <input type="checkbox"/></p>	<p>No: <input checked="" type="checkbox"/></p>
<p>Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? / Equality and Welsh Language</i> <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): POSITIVE/NEUTRAL NEGATIVE</p> <p>Outcome for Welsh Language (delete as appropriate):</p>	<p>No: <input checked="" type="checkbox"/></p> <p>If no, please include rationale below: Issues considered within the Partnership Group.</p> <p>If no, please include rationale below: Understood not required for data reports.</p>



	POSITIVE/NEUTRAL NEGATIVE	
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau (Pobl /Ariannol) / Resource Impact (People / Financial)	There is no direct impact on resources as a result of the activity outlined in this report.	

4. Recommendations

The Committee is asked to **note** the contents of the report.

5. Appendix

See page 22



Section 58/58A- Weekly Auditing Form-Nursing Staff
Appendix

Week Commencing

Ward

Current Medication <ul style="list-style-type: none"> • Drug name • Dosage • Frequency • Route of administration 	Added Medication <ul style="list-style-type: none"> • Drug name • Changes made 	Max no of Treatment (ECT only)	Current Certificate in place? CO2 / CO3 / Section 62	Copy of Form CO2 / CO3 / Section 62 In Meds Chart? (Y/N)	Certificate CO2 / CO3 Completed by?	Name of Current Responsible Clinician?

- **Please tick appropriate boxes**
- **On completion, please return to Mental Health Act Administrator at RGH**



Mental Health Act Monitoring Committee

MENTAL HEALTH ACT OPERATIONAL GROUP UPDATE REPORT

Dyddiad y Cyfarfod / Date of Meeting	27/05/2026
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Robert Goodwin, Directorate Manager, CAMH's & Specialised Services
Cyflwynydd yr Adroddiad / Report Presenter	Robert Goodwin, Directorate Manager, CAMH's & Specialised Services
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Julie Denley Deputy Chief Operating Officer
Pwrpas yr Adroddiad / Report Purpose	For Review
Acronyms / Glossary of Terms	
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
MHAMC	Mental Health Act Monitoring Committee
DoLs	Deprivation of liberty safeguards
MDT	Multidisciplinary Team
RC	Responsible Clinician

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 25th February 2026. The meeting on 30th April 2026 was well attended with representatives from across Adult Mental Health Services, CAMHS, Mental Health Act Team, Social Services, the IMHA and Ambulance Service.

2. Specific Matters for Consideration

2.1 Health Inspectorate Wales – Inspection visits to Ty Llidiard and Taf CMHT

The group reviewed the very positive report following the visit to Ty Llidiard. HIW had reviewed the records of 3 detained young people and found them compliant with the Mental Health Act and Code of Practice. 'Statutory forms, medical recommendations and Approved Mental Health Professional (AMHP) reports were completed correctly and signed as required. These documents had been appropriately scrutinised, and the records clearly supported the legal basis for detention.'



'Capacity assessments were documented regularly, and consent to treatment certificates were held with the medication charts. Section 17 leave was authorised appropriately, with risk assessments in place and clear conditions recorded to guide staff and young people. Rights information was provided verbally and in writing, re-presented regularly, and supported by visible posters and leaflets. The Mental Health Act documentation was organised, secure and easy to navigate.'

Documentation was organised, secure and easy to navigate with robust processes overseen by the Mental Health Act administrator. A single missed tribunal referral was identified during the review and was promptly actioned.

**Community Mental Health Team
Inspection (Announced)**

Taff Ely Community Mental Health
Team, Cwm Taf Morgannwg
University Health Board

Inspection date: 13 and 14 January 2026
Publication date: 16 April 2026

The group also reviewed the positive report following the visit to Taff Ely Community Mental Health Team (CMHT). Healthcare Inspectorate Wales (HIW) had reviewed the records of 4 service users subject to a CTO and found that all statutory documentation had been completed appropriately and updated as required. The Mental Health Act records were well maintained, and good systems were in place to

support service user rights. The inspectors did find incorrect information recorded in the minutes of some managers hearings in which future extension dates were entered rather than the current extension date being considered. Whilst this did not affect the validity of any detention all effected minutes will be amended retrospectively by the end of June 2026.

2.2 IMHA Q3 and Q4 Activity Reports

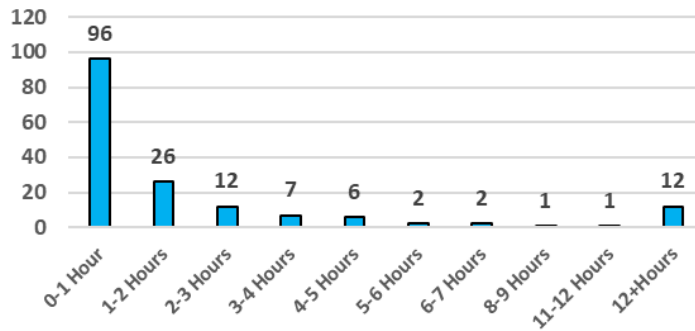
The Group reviewed the Q3 and Q4 IMHA reports. 180 referrals were received in Q3 and 170 in Q4, all seen within 5 working days. Feedback on the IMHA service within our region is very positive. The Group discussed some of the case studies which included; concerns related to the use of restraint to assist with refeeding for an eating disorder patient, a consent issue for a DoLs patient being discharged to a nursing home and the need for planned opportunities for inpatients to receive IMHA support during their interaction with clinical teams. Regular ward rounds were considered by the IMHAs as an opportunity to delivery this planned support. There was discussion about how this could be facilitated in regular MDT meetings.

The IMHA Service has planned to present a patient story at the Operational Group. Whilst the story was anonymised permission had not been sought from the patient and this item was deferred. The IMHA contracts across Wales were coming to an end and the re-procurement process was being supported by Shared Services. It has been proposed that the existing contract with Advocacy Support Cymru should be renewed for a period of up to 30 months whilst the full impact of the new Mental Health Act could be evaluated.

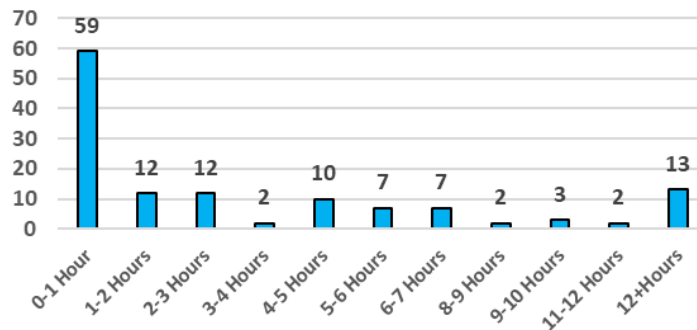
2.3 Section 136 Assessment Police Waiting Times and Places of Safety

The Operational Group continue to work 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 officer waiting time 2025/26 - Place of Safety



Graph 2. Total Officer Waiting Time 2025/26 – Emergency Department



Whilst the majority of handovers occur within 1 hour target timeframe there is further work to help reduce waiting times particularly in the Emergency Departments.

The AMHPs in the group asked if the Section 136 police app information which is sent to local crisis teams before the police arrive could also be forwarded to the AMHP 'inbox'. This would help with communication and was supported by the group. The request would be made to South Wales Police.

The local crisis teams had completed a review of occupancy for the Princess of Wales and Royal Glamorgan Hospital Places of Safety. The Princess of Wales Hospital facility was confirmed as being able to manage two patients at any one time with a capacity for three patients at the Royal Glamorgan Hospital. The crisis teams had reported no patient queuing to access these facilities. There were approximately 40 occasions each quarter when the Place of Safety was required within the Health Board with crisis teams not having to manage multiple Section 136's within individual Places of Safety.

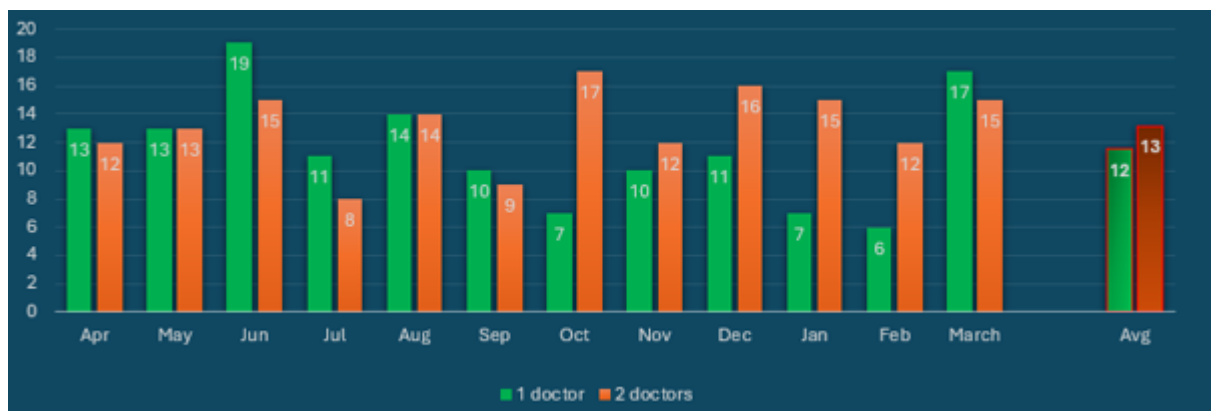
There was discussion about the possibility of patients aged 16 and 17 being able to access the Places of Safety rather than being conveyed to local Emergency Departments. A meeting was to be convened to consider this.

Arrangements for the temporary transfer of the Prince Charles Hospital Place of Safety to the Royal Glamorgan Hospital continued to work well. Work was progressing on the new facilities in Prince Charles Hospital.

2.4 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 a March increase in the number of single doctor assessments.

Graph 3. Number of section 136 assessments and medical attendance – January 2025 – March 2026



4 of the 15 assessments with two doctors undertaken in March were within hours with 3 patients discharged and 1 informally admitted. 11 of the 15 assessments were Out of Hours with 4 resulting in detention and 3 informal admissions.

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.

2.5 Commissioning of an app to support Approved Mental Health Professionals to arrange MHA assessments

Action point 5 of the Welsh Governments Strategic Mental Health Workforce Plan is to; 'Develop and implement plans to ensure that there is an appropriate supply of trained professionals to undertake new and existing legal roles. This action will focus on increasing the numbers of mental health professionals who are able to participate in work often in relation to serious mental illness requiring a specific

skill set, including Approved Mental Health Professionals (AMHP), Section 12 doctors, and other duties under the Mental Health Act (1983) (MHA).’

Engagement with AMHPs, NHS Drs and managers identified accessibility to S.12 Drs as one of the top 3 barriers to AMHPs undertaking their duties. The other two barriers were noted as lack of Acute Mental Health beds and a lack of availability of transport to convey detained patients.

In response to the feedback a 12-month pilot of an existing app used extensively in England to help AMHPs make contact with S.12 Drs and facilitate MHA assessments has been funded by Social Care Wales. The app is designed, developed and delivered by S12 Solutions: [Digital MHA Assessment setup | S12 Solutions | AMHPs](#)

The Aneurin Bevan University Health Board 12-month pilot started in January 2026, and a full evaluation will be produced on completion. Additional funding of £15k has potentially been made available by Social Care Wales for the Cwm Taf Morgannwg University Health Board region to join the pilot. The Health Boards Information Governance department have begun to review the app to determine its compatibility with Health Board systems. A proposal is to be developed with Local Authority Partners for consideration by the Operational Group at their next meeting.

2.6 Mental Health Act Activity Report Q4, January – March 2026

The Detention activity in Q4 had remained relatively stable with Adult, Older Adult and CAMHS Detentions being close to the 2023-2025 mean. Section 136 activity of 76 detentions in the quarter was also close to the 2023-2025 mean of 74. CTOs continued to reduce. Section 62 urgent treatments were used on 11 occasions with further information below. Section 5(2) was used on 33 occasions in Q3 and 32 occasions in Q4.

The Operational Group had reviewed the repeat use of Section 5(2) on individual patients within a single week as part of the deep dive into Adult Detentions. This would be kept under review.

2.7 Mental Health Act Errors and Breaches Q4, January – March 2026

The number of minor rectifiable errors increased from 3 in Q3 to 9 in Q4. These were distributed across Adult and Older Peoples Services with 4 relating to errors on the AMHP HO2 form (Application for Admission) and 3 relating to errors on the Doctors HO4 form (Recommendation for Admission). There were no fundamental breaches this being the third consecutive quarter with a nil return. There was a single Section lapse relation to the use of Section 5(2) on Ward 22 in the Royal Glamorgan Hospital. No assessment had been undertaken before the 72-hour expiry of the Section. The patient informally returned to the ward. There was a single miscellaneous error relating to the completion of paperwork for a Section 5(2) also on Ward 22 with no time being entered onto the form advising when

the Section commenced. In this case the patient was subsequently detained on a Section 2. Clinical colleagues had been advised of their errors to ensure learning.

2.8 Review of Urgent Treatment under Section 62

Section 62 of the mental health Act allows urgent medical treatment to be administered to detained patients without a valid Consent to Treatment form. It applies to treatment that is immediately necessary to prevent serious deterioration. The procedure allows doctors to act in an emergency without waiting for a Second Opinion Appointed Doctor to review the treatment plan under Section 61.

In Q3 there were 16 uses of urgent treatment administered under Section 62. There were 11 in Q4.

Table 1 Reasons for the use of urgent treatment under Section 62 in Q3 and Q4

Reason	Q3	Q4
Consent Withdrawn	6	5
Changes of RC	2	1
Change in legal status – Revocation of CTO	1	0
Change in Medication	4	3
SOAD had not authorised treatment - 3 month following detention rule.	3	2
Total	16	11

The use of emergency treatment under Section 62 could in some cases be reduced with a more-timely completion of the SOAD request form by the RC and certificates being provided by SOADs.

HIW have set key targets in relation to the submission of a request for a SOAD assessment and for their completion. This will be monitored going forward by the Operational Group.

2.9 Section 117 Aftercare Oversight & Monitoring Arrangements Across Wales

The NHS Wales 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 and await their report following earlier field work. The Operational Group have made good progress in cleansing the existing Section 117 aftercare register with the current data shown below.

Table 2 Number of patients subject to S117 after-care by locality and team

Locality	Adult	Older Persons	CAMHS	ORT	Totals
Bridgend	137	47	5	0	189
Merthyr	94	13	2	14	123
RCT	440	80	6	45	571
TOTAL	671	140	13	59	883

The Group discussed the 883 patients with Section 117 entitlements who are identified from their responsible community team. The next step is to confirm if this community team is in the area of the responsible Local Authority. There may be a small number of patients whose current community team is not located within the responsible Local Authority area. The group also discussed the need for discharges from Section 117 aftercare to be planned jointly by Health and Local Authority Partners. Information on joint discharges would be added to the register. The group also agreed on the need for Learning Disability patients with Section 117 aftercare entitlements to be added to the register. The Mental Health Act team would contact the regional provider Swansea Bay University Health Board to obtain this information.

2.10 Mental Health Review Tribunal for Wales

The group reviewed an update from the Tribunal office on the user forums held on the 5th and 9th December 2025. The next events were being planned for the 1st and 9th June 2026. There had been feedback that patients and their legal representatives lacked awareness that in person hearings can be requested. The earlier proposals to increase the number of video conference hearings because of challenges in securing medical members would be kept under review. The tribunal have reported the training of 13 new medical members in May and June 2026 which will be able to support the further listing of in person hearings.

2.11 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 3. 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

2.12 Operational Group Work Plan

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

Table 4. Operational Group Work Plan

Activity	Progress	Timescale
Service user feedback	Advocacy Support Cymru to circulate CTO Questionnaire involving the patients care coordinator.	August 2026
Policy Work	The South Wales Police have begun an engagement process in relation to the renewal of the Section 136 Policy.	August 2026
Review of the Section 135	Following the Deep Dive the Operational Group is coordinating the development of a Standard Operating Procedure to guide staff making a Section 135 application to the court.	August 2026
Review of Statutory Documentation	Completion of a deep dive into service wide compliance of statutory documentation.	April 2026



Equality and Welsh Language	Impact assessment screening to be completed by the Operational Group.	August 2026
Quality Impact Assessment	Screening exercise to be completed by the Operational Group.	August 2026
Review of Section 136 waiting times	Completion of a deep dive into Emergency Department waiting times.	July 2026
Review of Section 62	Completion of a deep dive into the use of Section 62 Emergency Treatment and the timing of SOAD applications.	October 2026
Review of Section 117	An audit tool will be developed to measure our Service against the standards within the Code of Practice and our local policy. Prior to this the 117 register needs to be fully cleansed.	January 2027

3. Key Risks / Matters for Escalation

3.1 HIW Feedback following inspection visits to Ty Llidiard and Taf Ely Community Mental Health Team.

Very positive feedback from the inspectors in relation to Mental Health Act monitoring. This provides further evidence of the proactive approach taken by the Mental Health Act administration team and their engagement with clinical colleagues.

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 Commissioning of an app to support Approved Mental Health Professionals to arrange MHA assessments

Social Care Wales have invited our region to join a pilot scheme. The Operational Group will coordinate the response with Local Authority Partners.

3.4 Mental Health Act Errors and Breaches

Very pleasing to note no fundamental breaches in 6 of the previous 7 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 Proposed extension to the current IMHA contract

The current IMHA contract for our region is coming up for renewal NHS Shared Services are supporting an All-Wales process and have proposed an extension of the current contract for a period of up to 30 months whilst the full implications of the new Mental Health Act are being worked through.

4. Assessment

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



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

5. Recommendation

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



Agenda Item

5.3

Mental Health Act Operational Group meeting

**MHA Quarterly Activity Report / Analysis of Unlawful Detentions
Quarter 4 (January – March) 2025/26**

Dyddiad y Cyfarfod / Date of Meeting	27/05/2026
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Mrs Alison Thomas – MHA Manager Matthew Breeze - MHA Team Administrator
Cyflwynydd yr Adroddiad / Report Presenter	Mr Robert Goodwin – Directorate Manager, CAMHS and Specialist Services
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gethin Hughes, Chief Operating Officer

Pwrpas yr Adroddiad / Report Purpose	For Noting
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group /Forum Individuals	Date	Outcome
MHA office staff MHA Operational Meeting	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
HUHB	Hywel Dda University Health Board
PTHB	Powys Teaching Health Board
CAMHS	Child & Adolescent Mental Health Services
CTO	Community Treatment Order
RC	Responsible Clinician
AC	Approved Clinician
AMHP	Approved Mental Health Professional
CoPW	Code of Practice for Wales
ECHR	European Court of Human Rights
PICU	Psychiatric Intensive Care Unit
RGH	Royal Glamorgan Hospital
PCH	Prince Charles Hospital
POW	Princess of Wales Hospital
RCT	Rhondda Cynon Taf
CMHT	Community Mental Health Team
LSSA	Local Social Services Authority



1. Background

1.1 The purpose of this report is to present activity data including errors and breaches regarding the application of the Act within CTMUHB. The report presents the MHA activity to the MHA Monitoring Committee in respect of Q4 (Jan - Mar 2025/26). The report covers Adult, Older Persons Mental Health and CAMHS services managed by CTMUHB. A Glossary of terms is attached for ease of reference (Appendix 2.)

2. Specific Matters for Consideration

2.1 Adult Detentions

Graph 1

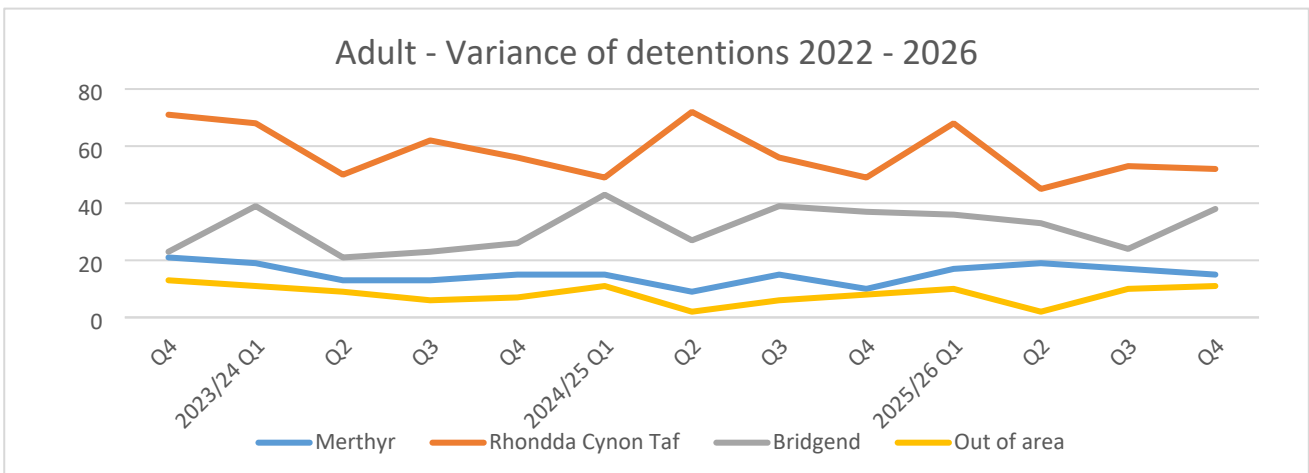
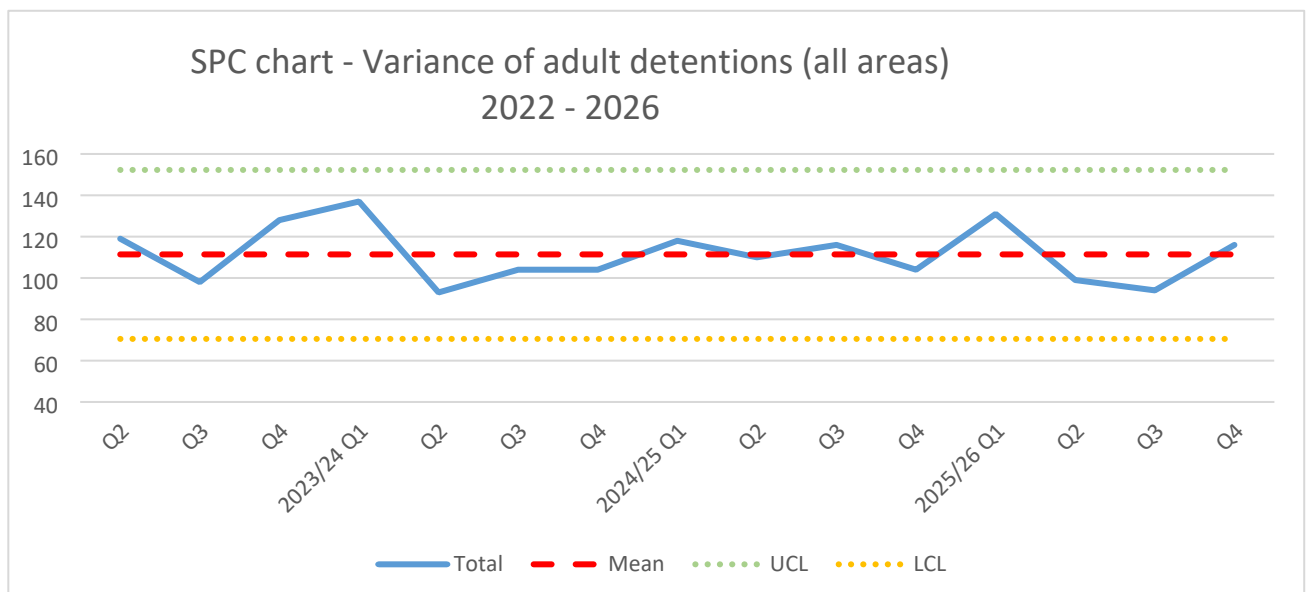


Chart 1



Despite slight variances from mean, Q4 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 P18 of Appendix 1.

Table 1

Locality	Mean 2022/26	Q4 2025/26
Merthyr	15	15
RCT	57	52
Bridgend	31	38
Out of area	8	11
Total	113	116

2.2 Older Persons Detentions

Graph 2

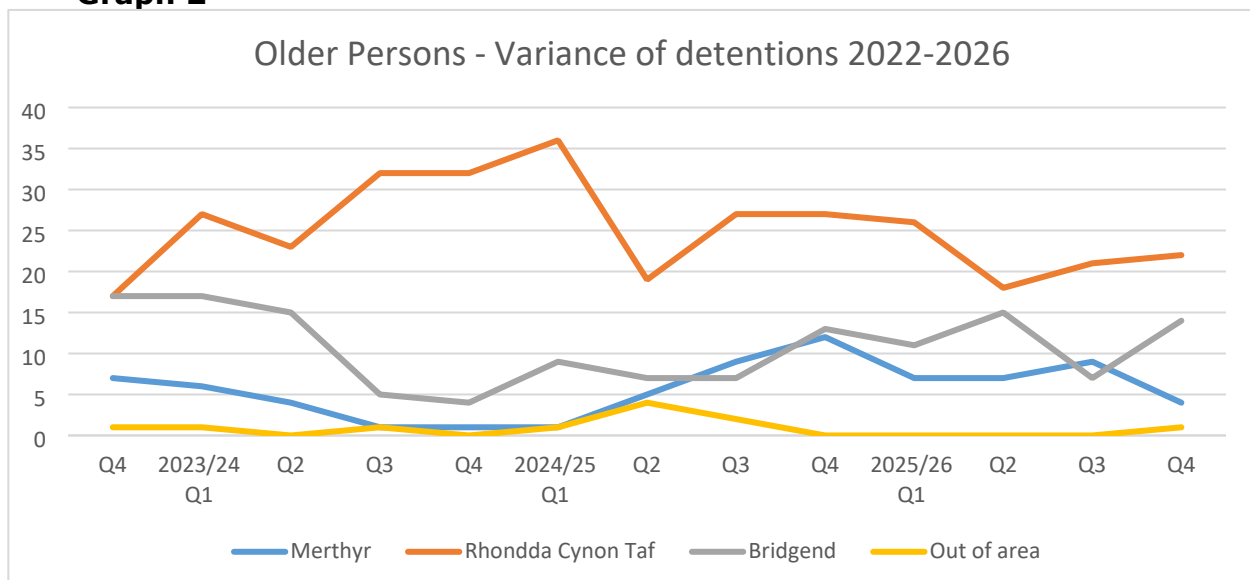
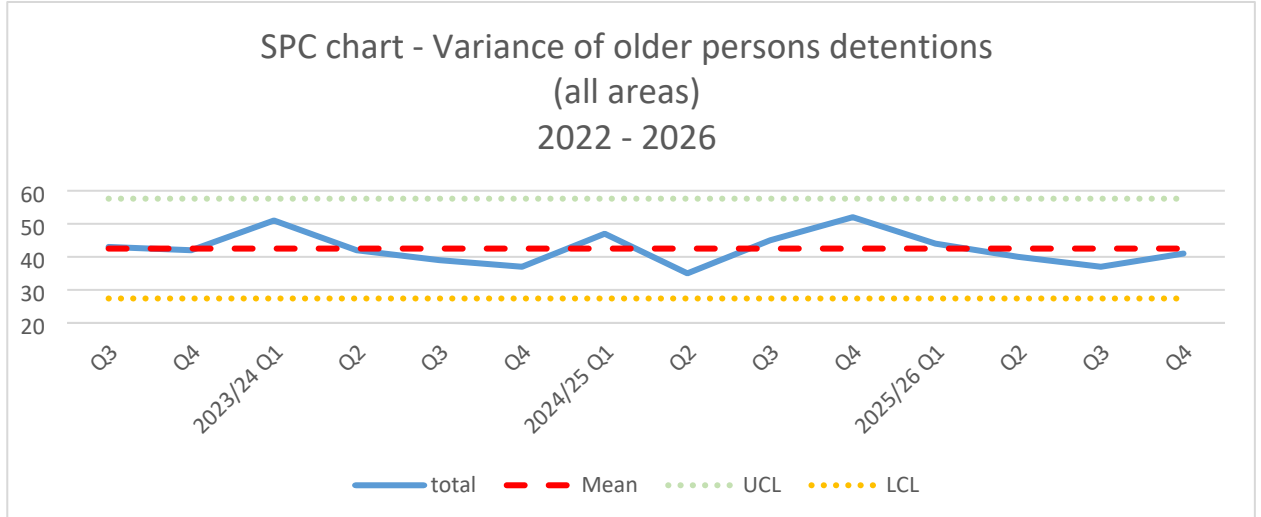




Chart 2



Despite slight variances from mean, Q4 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 P19 of Appendix 1.

Table 2

Locality	Mean 2022/25	Q4 2025/26
Merthyr	6	4
RCT	25	22
Bridgend	11	14
Out of area	1	1
Total	43	41



2.3 CAMHS Detentions

Graph 3

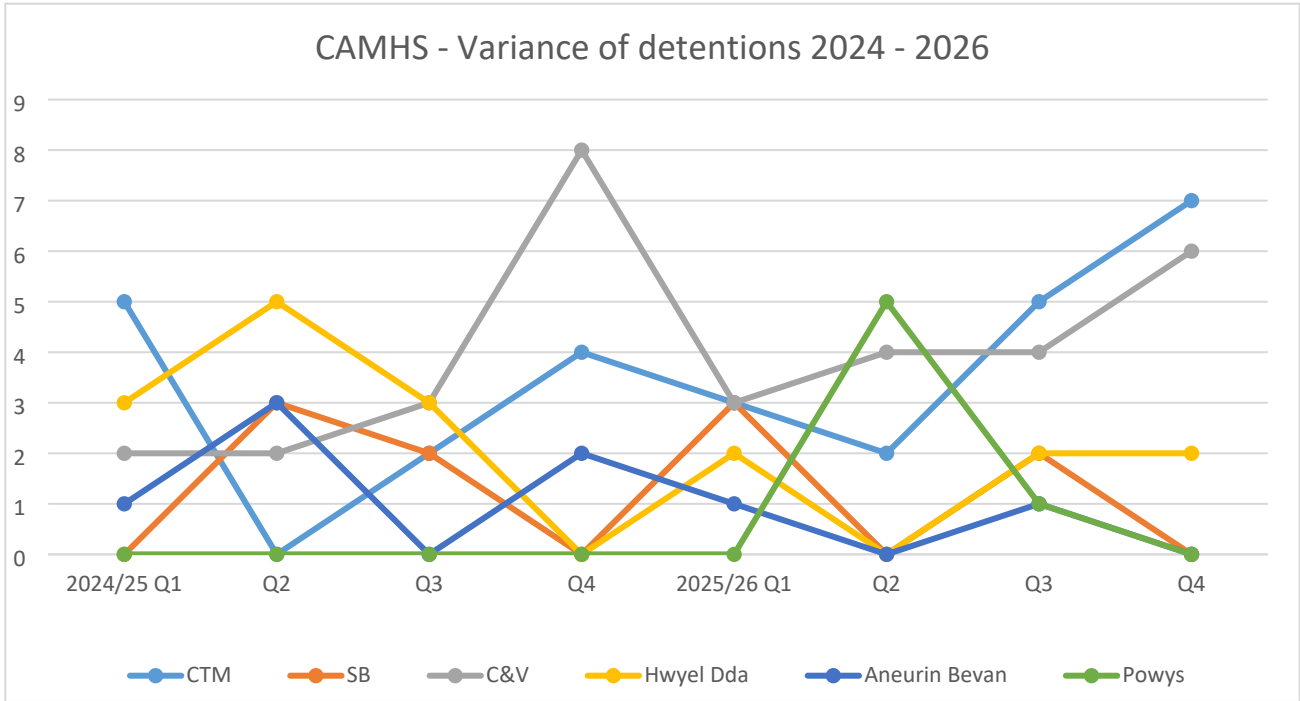
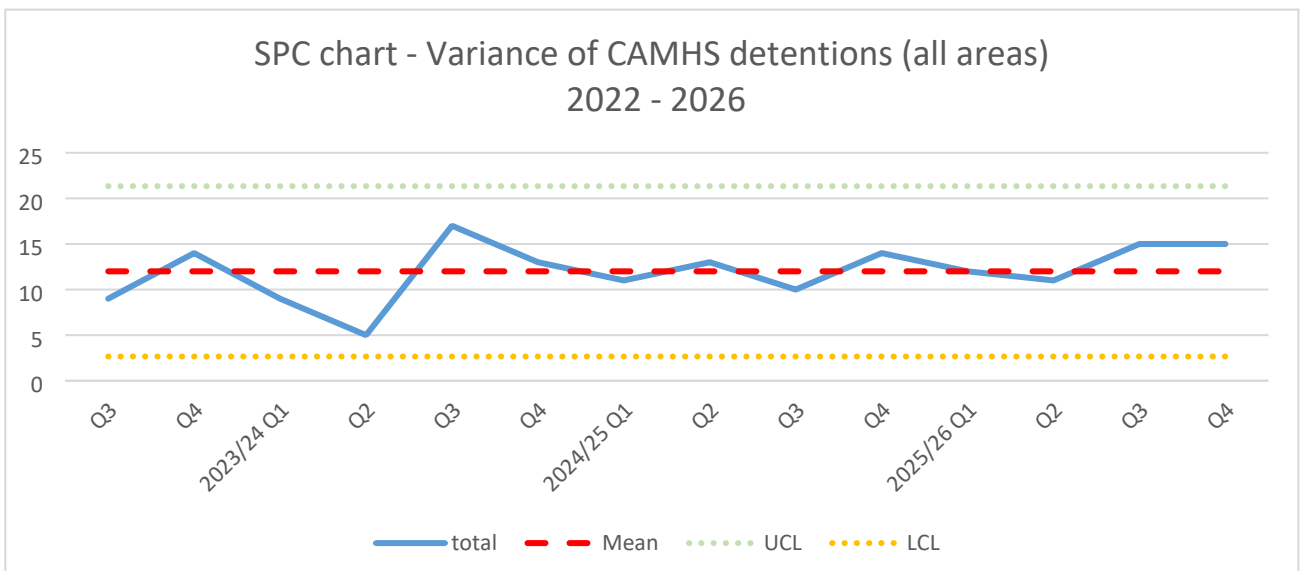


Chart 3



Despite slight variances from mean, Q4 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 P20 of Appendix 1.



Table 3

Health Board	Mean 2024/25	Q4 2025/26
CTMUHB	4	7
SBUHB	2	0
C&VUHB	4	6
HDUHB	1	2
ABUHB	1	0
PTHB	1	0
Total	13	15

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 16 CTOs in place at the end of Q4.

Graph 4

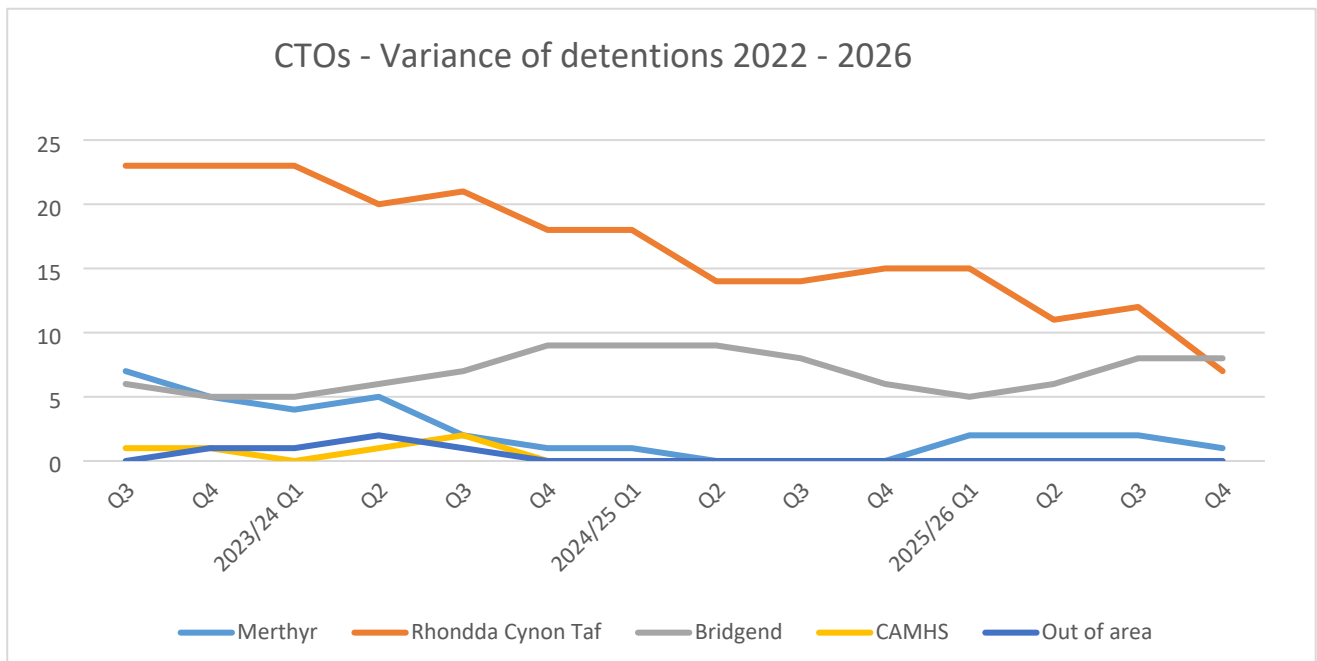


Chart 4

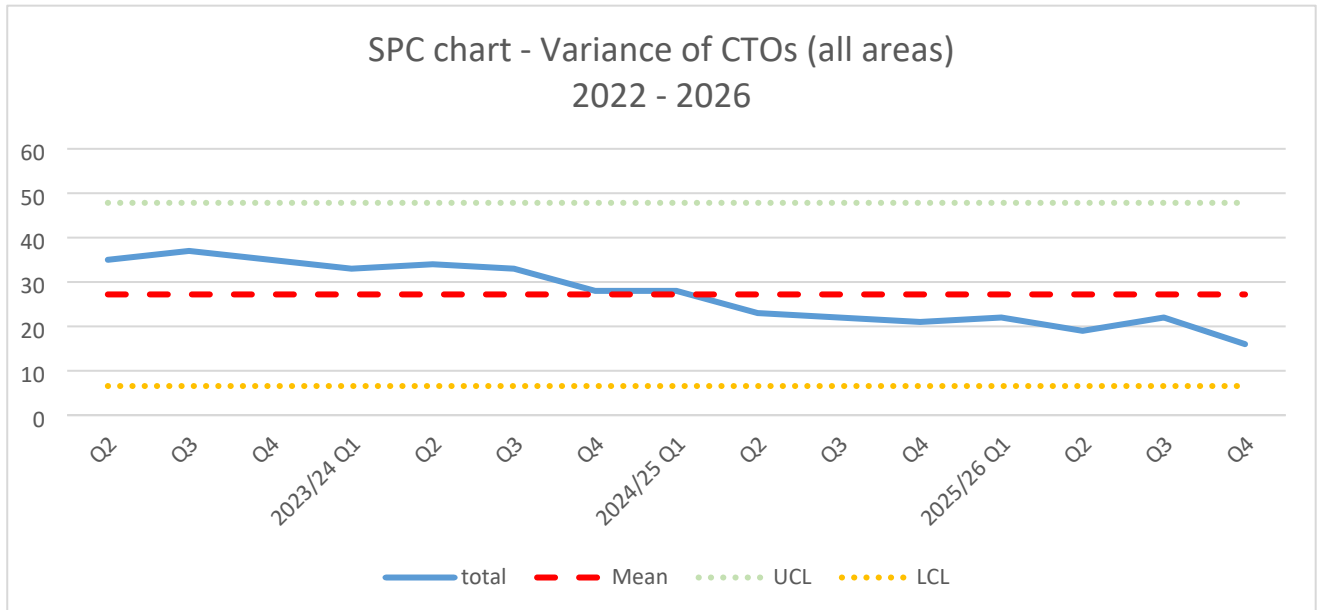


Table 4

Locality	Mean 2023/25	Q4 2025/26
Merthyr	2	1
Rhondda Cynon Taf	17	7
Bridgend	7	8
CAMHS	0	0
Out of area	0	0
Total	26	16

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 P24 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 Q4 2022/23 to Q4 2025/26.

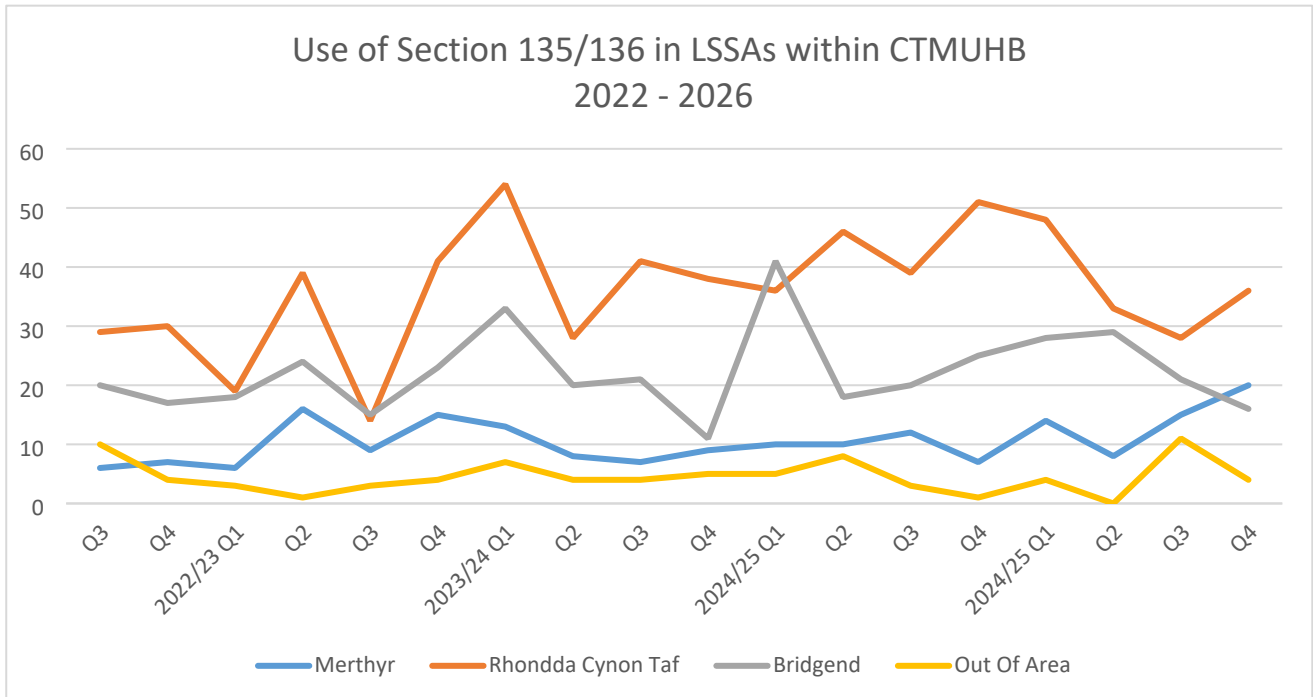
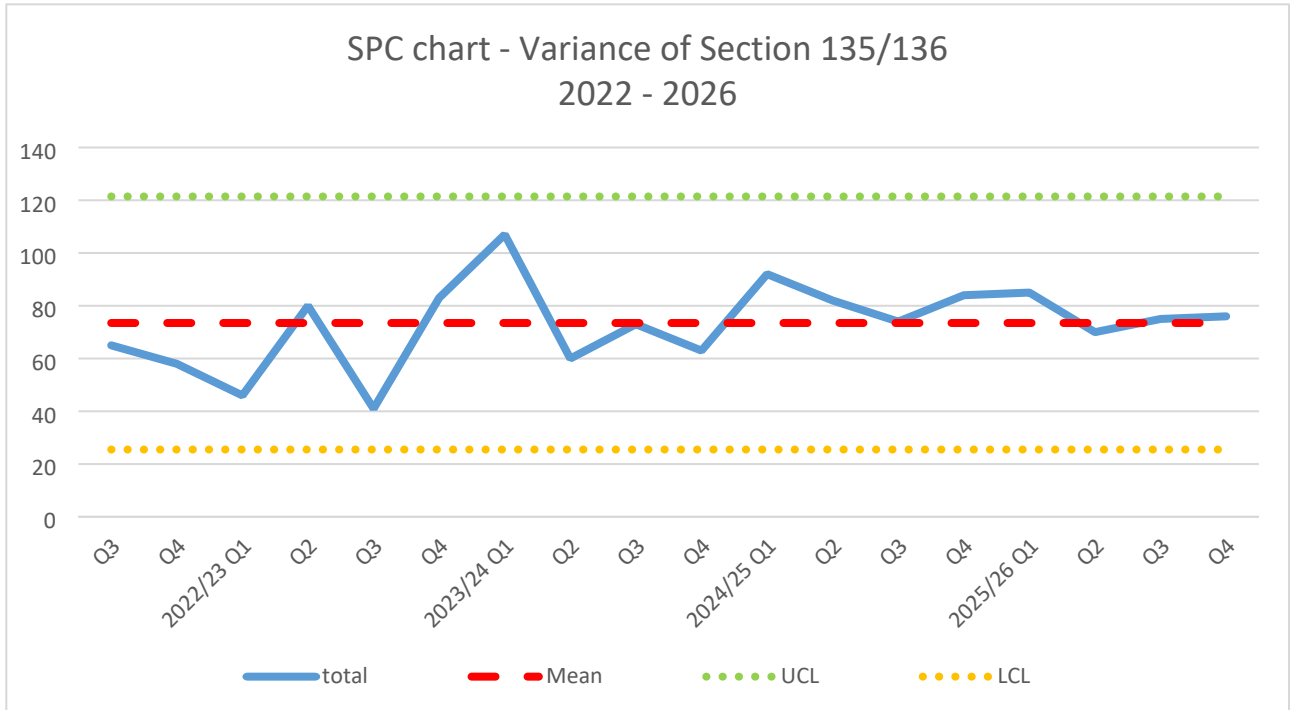


Chart 5



Despite slight variances from mean, Q4 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 P25 of Appendix 1.

Table 5

Use of Section 135 and 136 by area for Q4 2025/26, also with mean.

Area	Mean 2021/25	Q4 2025/26
Merthyr	11	20
Rhondda Cynon Taf	36	36
Bridgend	22	16
Out of area	5	4
Total	74	76

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 issue as mentioned in previous reports. All services in Bridgend use paper-based records and Older Persons in RGH. In other areas of the Health Board, this is confined to general wards.

A recent issue with the detention of a patient on a general ward in RGH proved extremely problematic for both the MHA and liaison teams. The ward could not locate the original detention paperwork.

The electronic patient system Care Partner is in operation on the acute wards in Mental Health in RGH and within rehabilitation services.

The Operational Group has been asked to complete a deep dive into the compliance with the filing of the statutory paperwork.

The MHA team are also experiencing issues with the timely scanning of statutory documentation from the off-site Mental Health wards. This has been proven to be more difficult due to the absence of their ward clerks and has been escalated to the senior nurses.

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. Most of the errors recorded within this report are minor, relating to demographics.

Rectifiable Errors

Section 15 of the Act allows for the rectification of statutory detention documentation completed by Doctors and AMHPs within 14 days of admission to hospital. While the minor errors are defined by "principal de minimis" (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.



Chart 6.

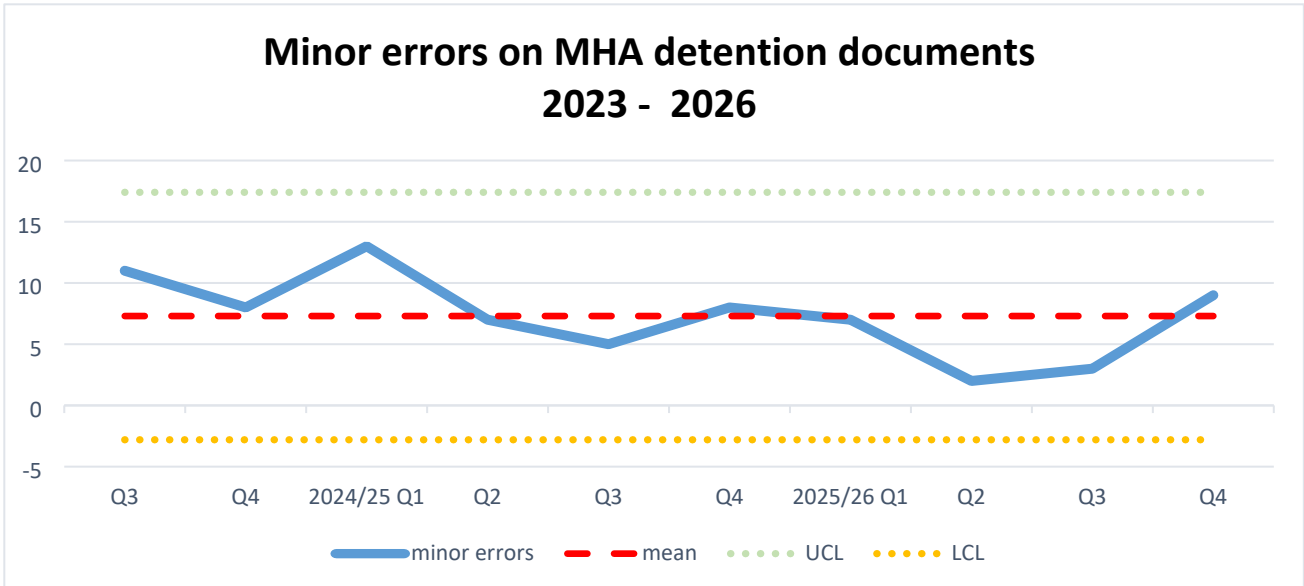


Table 6

The total number of minor errors across all services in Q4 was 9, compared to 3 found in Q3, all of which were rectified within the 14 -day time limit.

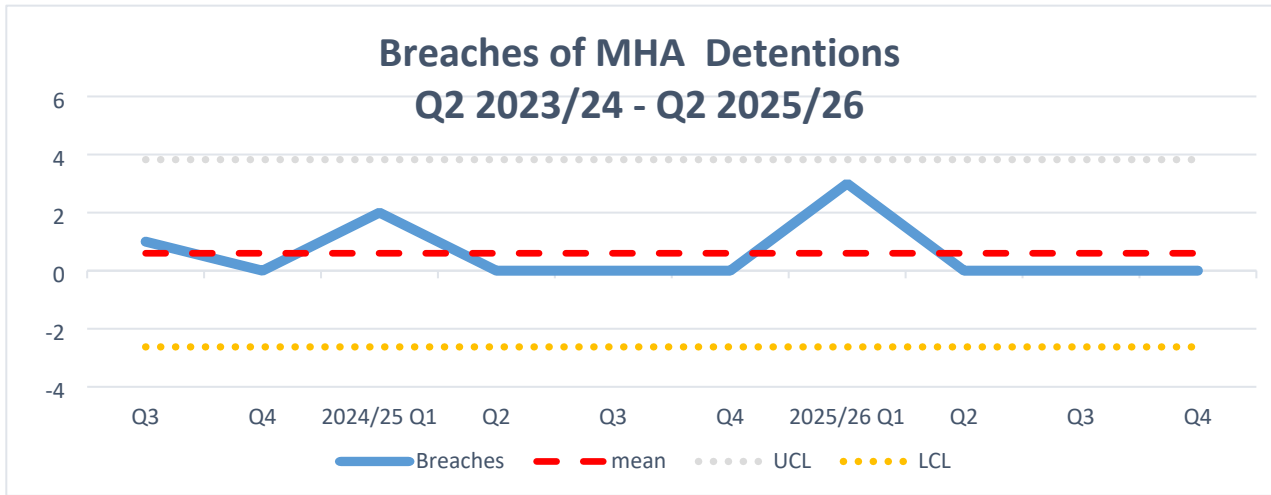
Rectifiable Errors		POW	Angelton	RGH	RGH	RGH	YCC	
Responsible for Error	Forms	PICU	2	Admissions	22	PICU	7	Total
AMHP	HO2	1		1	1		1	4
AMHP	HO6					1		1
Doctor	HO3							0
Doctor	HO4		2		1			3
Doctor	HO8							0
Doctor or Nurse	HO12							0
Nurse	HO14		1					1
Other UHB	TC1							0
	Total	1	3	1	2	1	1	9

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.

Chart 7.

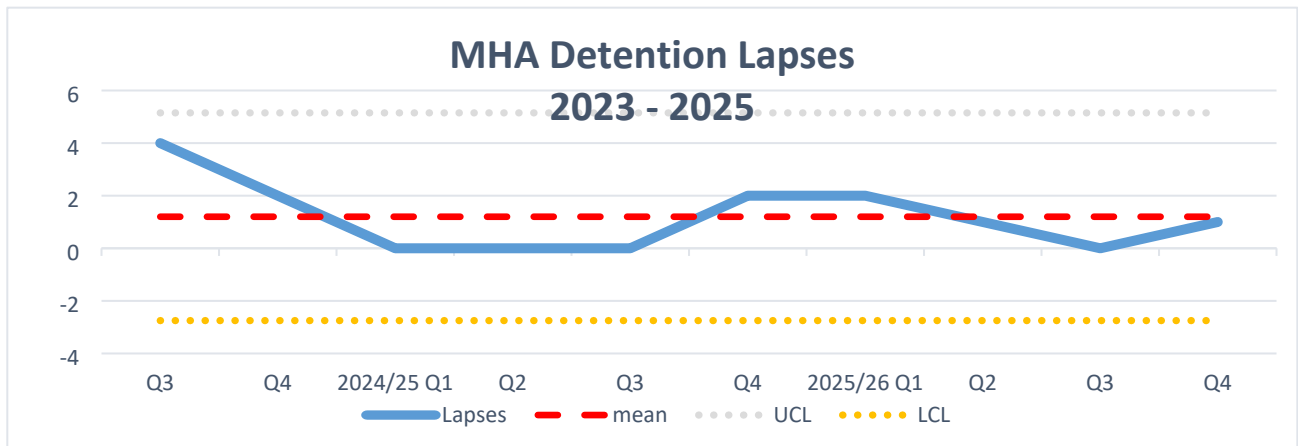


There were 0 breaches of the MHA in Q4 2025/26.

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.

Chart 8.



There was 1 lapse of detention in Q4 2025/26.

Further information on the lapsed Section 5(2) can be found on P23 of Appendix1.

Miscellaneous Errors

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

❖ Invalid section 5(2)

- Doctor's holding powers under Section 5(2) was used for a patient on Ward 22 in RGH on Wednesday 7th January 2026.
- Upon scrutiny by the MHA office, it was discovered that the Form HO12 had not been timed by the Doctor or staff nurse, which is necessary to monitor the start of the 72-hour Doctor's holding power.
- Patient had subsequently been detained under Section 2 of the MHA on 7th January 2026.

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 P26 of Appendix 1.

2.10 Other activity

There were no instances of deaths of detained patients during Quarter 4.

Consent to Treatment

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

Table 7

Use of urgent treatment Forms	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Section 62	2	5	2	4	8	3	1	5	5
Section 64G	0	2	0	0	1	0	0	0	0
Total	2	7	2	4	9	3	1	5	5

Further information on Consent to Treatment, including a detailed breakdown of the use of S62/S64 is displayed on P27 of Appendix 1.

This will continue to be monitored in the Operational Group meetings and will form part of the yearly programme of deep dives.

3 Key Risks / Matters for Escalation

Q4 witnessed relatively stable detention activity, with no outliers.

It was a successful quarter with no fundamental errors or breaches of the Act to report.

The use of emergency treatment under Section 62/64G continues to be at raised levels, in part likely due to the medical staffing challenges. This is subject to an ongoing review by the Operational Group, particularly related to the submission of SOAD requests.



4 Assessment

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

Impact Assessment		
Ansawdd <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
Cydraddoldeb a'r Gymraeg	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>



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

5 Recommendation

5.3 The Operational Group are asked to:

- **Discuss** and **note** the report.



Appendix 1.

Graph 1

Quarter 4 MHA Adult Activity 2025/26

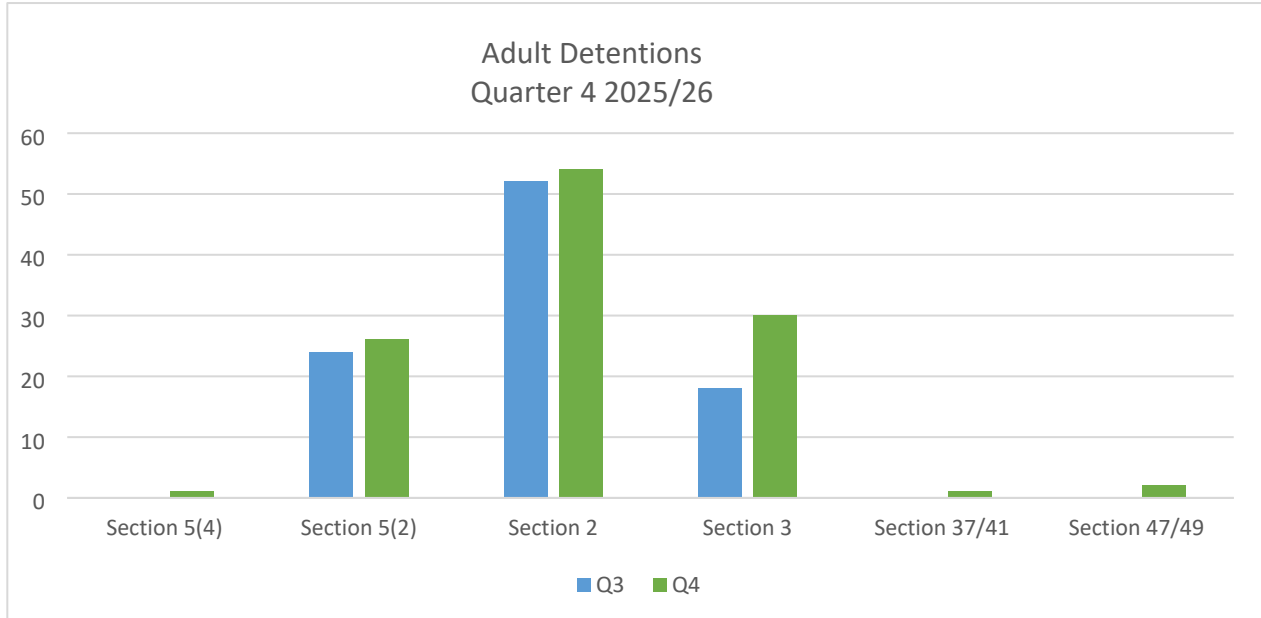


Table 1

Quarter 4 MHA Adult Activity 2025/26

Section	Q3	% of total	Q4	% of total
Section 5(4)	0	0.00%	1	0.88%
Section 5(2)	24	25.53%	26	22.81%
Section 4	0	0.00%	0	0.00%
Section 2	52	55.32%	54	47.37%
Section 3	18	19.15%	30	26.32%
Section 37	0	0.00%	0	0.00%
Section 37/41	0	0.00%	1	0.88%
Section 38	0	0.00%	0	0.00%
Section 47	0	0.00%	0	0.00%
Section 47/49	0	0.00%	2	1.75%
Section 48/49	0	0.00%	0	0.00%
Section 35	0	0.00%	0	0.00%
Section 36	0	0.00%	0	0.00%
Total	94	100.00%	114	100.00%

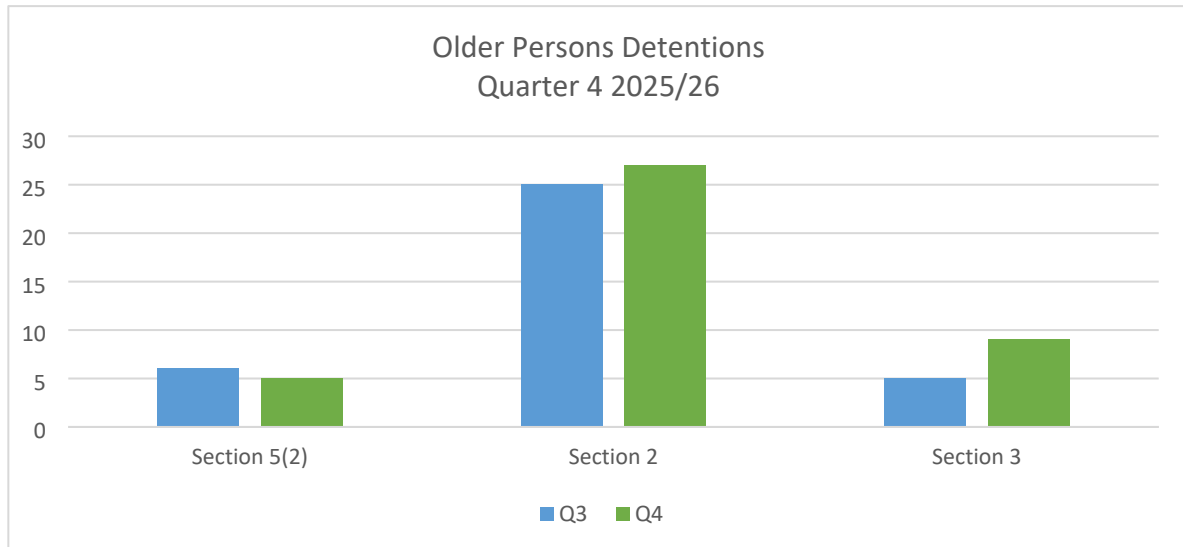
**There were 10 out of area detentions in Q4*



Table 2 Number of Adult MHA detentions per locality

Area	Q3	Q4
Merthyr	17	15
Rhondda Cynon Taf	53	52
Bridgend	24	37
Out of area	10	10

Graph 2 Quarter 4 MHA Older Persons Activity 2025/26



*There was one out of area detention in Q4

Table 3 Quarter 4 MHA Older Persons Activity 2025/26

Section	Q3	% of total	Q4	% of total
Section 5(4)	0	0.00%	0	0.00%
Section 5(2)	6	16.67%	5	12.20%
Section 4	0	0.00%	0	0.00%
Section 2	25	69.44%	27	65.85%
Section 3	5	13.89%	9	21.95%
Section 37	0	0.00%	0	0.00%
Section 37/41	0	0.00%	0	0.00%
Section 38	0	0.00%	0	0.00%
Section 47	0	0.00%	0	0.00%
Section 47/49	0	0.00%	0	0.00%
Section 48/49	0	0.00%	0	0.00%
Section 35	0	0.00%	0	0.00%
Section 36	0	0.00%	0	0.00%
Total	36	100.00%	41	100.00%



Table 4 Number of Older Persons MHA detentions per locality

Area	Q2	Q4
Merthyr	7	8
Rhondda Cynon Taf	18	21
Bridgend	15	7
Out of area	0	0

Graph 3 Quarter 4 CAMHS Activity 2025/26

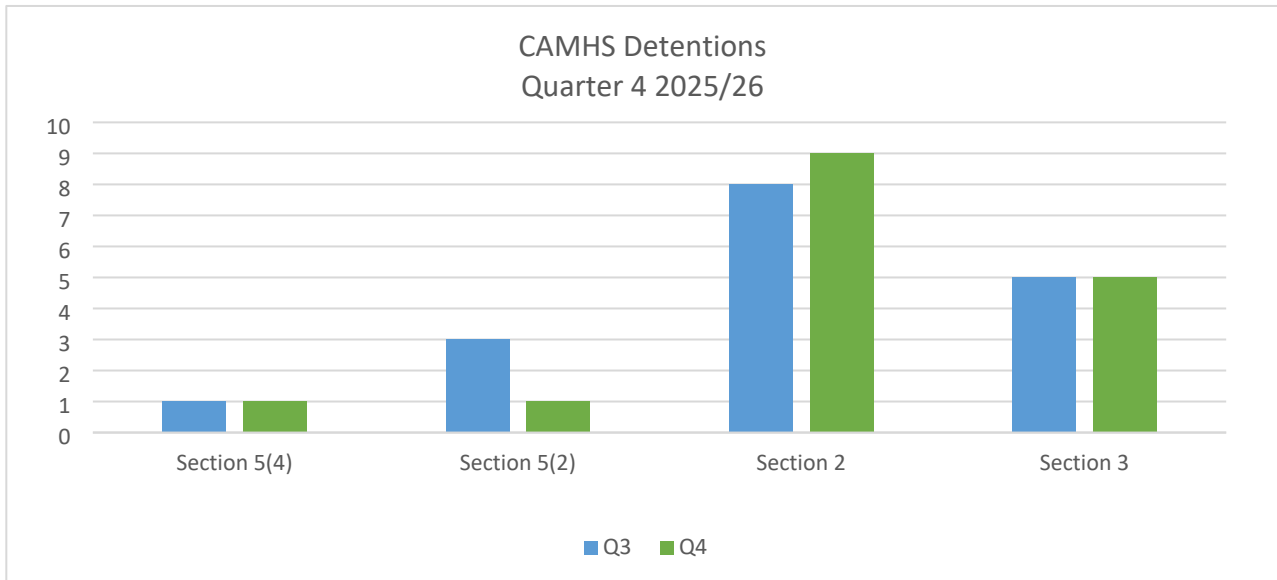


Table 5 Quarter 4 CAMHS Activity 2025/26

Section	Q3	% of total	Q4	% of total
Section 5(4)	1	5.88%	1	6.25%
Section 5(2)	3	17.65%	1	6.25%
Section 4	0	0.00%	0	0.00%
Section 2	8	47.06%	9	56.25%
Section 3	5	29.41%	5	31.25%
Total	17	100.00%	16	100.00%



Table 6. Number of CAMHS MHA detentions per locality

Health Board	Q3	Q4
Cwm Taf Morgannwg	5	7
Swansea Bay	2	0
Cardiff & Vale	4	6
Hywel Dda	2	2
Aneurin Bevan	1	0
Powys Teaching	1	0

USE OF SECTIONS AND OUTCOMES for Q4 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	Jan	Feb	Mar
Section 2	3	5	0	0	2	10	7	3	3
Section 3	1	1	1	3	2	2	4	0	2
Informal	3	1	3	3	7	6	5	2	4
Discharged	0	0	0	0	0	0	0	1	0
Lapsed	0	0	0	0	0	0	1	0	0
Invalid	1	1	0	0	0	0	1	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 to appeal against detention to a Mental Health Review Tribunal.

Table 8

S2 OUTCOMES	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Section 3	9	6	6	9	2	7	10	8	6
Informal	13	21	22	16	14	20	13	15	21
Discharged	5	4	6	7	1	9	9	6	7
Lapsed	0	0	0	0	0	0	0	0	0
Invalid	0	0	0	0	0	0	0	0	0
Transfer	2	2	0	0	0	0	1	1	1

Section 3 of the Mental Health Act 1983

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

Table 9

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

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

Table 10

	Q3 2025/26	Q4 2025/26
Adult Detentions	81	85
Older Persons detentions	37	36
CAMHS detentions	10	14
TOTAL	128	135

SECTION LAPSING

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

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

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

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

There was 1 lapse of detention in Q4.

- Patient was placed on Section 5(2) on Friday 23/01/2026 at 17:34 on Ward 22 in RGH.
- When the MHA team received the statutory paperwork Form HO12 on Monday 26/01/2026, they informed the care team that the 72-hour Doctors holding power was due to expire at 17:33.
- It transpired that no Mental Health Act assessment was convened before the expiry of the Section 5(2).
- Patient remained on the ward as an informal patient.

TRANSFER BETWEEN HOSPITALS

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



Table 11

SECTION	Q3	Q4
Part 2 Patients to CTUHB	13	7
Part 3 patients to CTUHB	0	1
Part 2 patients from CTUHB	10	6
Part 3 patients from CTUHB	0	1
TOTAL	23	15

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

Table 12

SECTION	Power	Q3	Q4
17A	Community Treatment Order made	4	2
	Community Treatment order extended	5	7
	Recalled to hospital and not revoked	3	0
	Recalled to hospital and revoked	1	3
	Discharged from CTO	4	5
	Transferred	2	0
	Other (Deceased)	0	0

Current CTO by area

Table 13

Area	Q3	Q4
Merthyr	2	1
Rhondda Cynon Taf	12	7
Bridgend	8	8
CAMHS	0	0
Out of area	0	0
Total	22	16

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. It lasts 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	Q3	Q4
Assessed and admitted informally	0	0
Assessed and discharged	0	0
Assessed and detained under Section 2	4	3
Assessed and detained under Section 4	0	0
Assessed and detained under Section 3	0	1
Recalled from Community Treatment Order	0	0
TOTAL	4	4

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	Q3	Q4
Assessed and admitted informally	11	10
Assessed and detained under Section 2	12	10
Assessed and detained under Section 4	0	0
Assessed and detained under Section 3	0	0
Discharged with no follow up required	7	13
Discharged referred to community services	37	38
Section 136 lapsed	1	1
Other /(Recall from CTO)/ or transfer	0	0
TOTAL	68	72

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	Q3	Q4
Number of Hearings held	9	20
Number of Referrals by Hospital Managers	23	19
Number of Appeals to Hospital Managers	1	0
Number of Detentions upheld by Hospital Managers	9	19
Number of detentions discharged by Hospital Managers	0	0
Number of patients discharged by RC prior to Hearing	2	2

Q4:

- 7 hearings postponed for following reasons:
 - ❖ RC double booked.
 - ❖ Staff shortage in Pinewood. Nurse unable to attend or escort patient to YGT. Patient did not want hearing to be on Teams.
 - ❖ Patient requested a new date.
 - ❖ Unable to raise a full panel for 4 hearings.

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	Q3	Q4
Number of Hearings held	21	25
Number of Referrals by Hospital Managers	10	12
Number of referrals by Ministry of Justice	0	1
Number of referrals by Welsh Ministers	0	1
Number of Appeals to MHRT	34	37
Number of Detentions upheld by MHRT	20	17
Number of detentions discharged by MHRT	1	4
Number of Hearings adjourned/postponed	10	10
Number of Hearings cancelled by patient	3	2
Number of patients transferred to another Health Board prior to Hearing	2	1
Number of patients discharged by RC prior to Hearing	19	10



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	Oct	Nov	Dec	Jan	Feb	Mar	6 -month ward/area totals
POW	PICU	1					2	3
	14	1	3	1		2		7
RGH	St David's		1					1
	22							0
	21			1	1	1		3
	PICU		1	1		1		3
	Admissions							0
	Seren	1				1		2
YGT	SRU							0
YCC	Ward 7	1						1
Angelton	Ward 2							0
Pinewood			2				2	4
Ty Lliardiard	Enfys		1				1	2
Community			1					1
Monthly Totals		4	9	3	1	5	5	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.

In the PODSC meeting in January, an in-house training event was well attended by the Associate Hospital Managers on 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 Q4.

The MHA team received excellent feedback from an unannounced HIW visit between 13-15 April to Wards PICU, 21 and 22 in RGH, with no recommendations.



Appendix 2

MENTAL HEALTH ACT (1983)

GLOSSARY OF TERMS

SUMMARY OF COMMON SECTIONS OF THE MENTAL HEALTH ACT 1983

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



	<i>(2 Medical recommendations (or 1 joint recommendation) and AMHP assessment required)</i>
Section 7 Guardianship	<p>Individual who suffers from mental disorder can be given a guardian to help them in the community. Guardianship runs for six months and can be renewable.</p> <p>Criteria:</p> <ul style="list-style-type: none"> • Live in a particular place • Attend for medical treatment, occupational; education or training at set places and at set times. • Allow a doctor, an approved mental health professional or other named person to see patient <p><i>(2 Medical recommendations (or one joint recommendation) and AMHP assessment required)</i></p>
Section 37 Guardianship by Court Order	<p>Court can make an order (6 months) that patient be given a guardian if needed because of mental disorder. The guardian is someone from social services.</p> <p>Criteria:</p> <ul style="list-style-type: none"> • Live in particular place • Attend for medical treatment, occupational education or training at set places and times • Allow a doctor or an approved mental health professional or other named person to see you • <p><i>(Court Order required)</i></p>
Section 37/41 Admission to hospital by a Court Order with restrictions	<p>Individual admitted to hospital on the order of the Court. This means that the Court on the advice of two doctors thinks that patient has mental disorder and need to be in hospital for treatment. The Court makes restrictions and as such, patient cannot leave hospital or be transferred without the Secretary of state for Justice agreement.</p> <p><i>(Court Order with restrictions required)</i></p>
Section 135 Admission of patients removed by Police under a Court Warrant	<p>Individual brought to hospital by a Police Officer on a warrant from Justice Of Peace, which means that an AMHP feels that individual is suffering from mental disorder for which s/he must be in hospital. Warrant last for 24 hours (but can be extended up to 36 hours).</p> <p><i>(Section 135 (1){non-detained patient} warrant required or Section 135 (2){ sections and CTO patients} required)</i></p>
Section 136 Admission of mentally disordered persons found in a public place	<p>Individual brought to hospital by Police Officer if found in public place and appears to suffer from mental disorder. Assessment by Section 12 Approved Doctor and Approved Mental Health Professional. Section 136 last for 24 hours (but can be extended up to 36 hours).</p> <p><i>(Police Service Section 136 monitoring form required)</i></p>
Section 17 A Community Treatment Order (CTO)	<p>CTO allows patients to be treated in the community rather than detention in hospital. Order last 6 months and is renewable. There are conditions attached which are:</p>



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

Dyddiad y Cyfarfod / Date of Meeting	27/05/2026
Statws Cyhoeddi / Publication Status	Open/ Public Choose an item.
Awdur yr Adroddiad / Report Author <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
Cyflwynydd yr Adroddiad / Report Presenter <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
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gethin Hughes, Chief Operating Officer

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



Acronyms / Glossary of Terms	
AC	Approved Clinician
CTMUHB	Cwm Taf Morgannwg University Health Board
IMHA	Independent Mental Health Advocate
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
CTO	Community Treatment Order



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 Q4 (January – March 2026) 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 slightly above the 2022-25 quarterly mean.
- 2.2 Bridgend detentions were above the mean but within control limits.
- 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 9, up from 3 in Q3 but still below the mean of 10, pleasingly all very rectified within the time limit.
- 2.5 It is pleasing to note that for the 3rd consecutive quarter there were no fundamental breaches.

3. Risks / Matters for Escalation

- 3.1 The HIW feedback from Ty Llidiard and the Taf Ely Community Mental Health Team (CMHT) is reassuring and highlights the work of the MHA administration team.
- 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.
- 3.3 The proposed extension to the IMHA contract will provide continuity in ensuring people receiving mental health treatment continue to receive support to understand their rights and ensure their views are heard.



4. Assessment

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

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / 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:
Cydraddoldeb a'r Gymraeg <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	N/A
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith Adnoddau <i>(Pobl /Ariannol) / 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

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



Agenda Item

5.5

Mental Health Act Monitoring Committee

Hospital Managers Power of Discharge Sub Committee

Dyddiad y Cyfarfod / Date of Meeting	27/05/2026	
Statws Cyhoeddi / Publication Status	Open/ Public	
	Not Applicable	
Awdur yr Adroddiad / Report Author	Alison Thomas-MHA Manager	
Cyflwynydd yr Adroddiad / Report Presenter	Mrs Helen Lentle- Chair of the Hospital Managers Power of Discharge Sub Committee and Independent Board Member.	
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gethin Hughes, Chief Operating Officer	
Pwrpas yr Adroddiad / Report Purpose	For Noting	
Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group /Forum Individuals	Date	Outcome
Associate Hospital Managers MHA Team	23/04/2026	Supported
Acronyms / Glossary of Terms		
MHA	Mental Health Act	
AMHP	Approved Mental Health Practitioner	
EDT	Emergency Duty Team	
SWP	South Wales Police	
CAMH's	Child and Adolescent Mental Health Service	
IMHA	Independent Mental Health Advocacy	
AWOL	Absent Without Leave	
SOAD	Second Opinion Appointed Doctor	
RC	Responsible Clinician	
CTO	Community Treatment Order	



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

MHRT	Mental Health Review Tribunal
DOLs	Deprivation of Liberty safeguards
PODSC	Power of Discharge Sub Committee

1. Situation /Background

1.1 The purpose of this report is to provide an update to the Mental Health Act Monitoring Committee on the work of the Hospital Managers Power of Discharge Sub Committee which met on 23/04/2026. The meeting was attended by 11 Associate Hospital Managers together with an Executive Director from the Health Board, representation from the MHA team and the Mental Health & Learning Disabilities Care Group. The meeting was chaired by the Vice Chair of the Group, in the Chair's absence who is also an Independent Member of the Health Board.

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 Q4 (January-March 2026).

The Q4 activity report included information on the Hospital Managers activity for Q3 (Oct -Dec 2025) and Q4 (Jan-March 2026):

Table 1:

Hospital Managers Hearings	Q3	Q4
Number of Hearings held	9	20
Number of Referrals by Hospital Managers	23	19
Number of Appeals to Hospital Managers	1	0
Number of Detentions upheld by Hospital Managers	9	19
Number of detentions discharged by Hospital Managers	0	0
Number of patients discharged by RC prior to Hearing (Cancelled hearings)	2	2

During Q4, 7 Hospital Managers Hearings were postponed for the following reasons:

In January a patient subject to the extension of their CTO requested a new date. Medical staff changes and staff shortages in Rehabilitation services in February made it difficult to confirm the proposed dates for two hearings. Four were

postponed because of the difficulty in convening full hospital manager panels. Following recruitment, the number of Hospital Managers had increased which was encouraging. There was also a need to increase the number of individuals who would be able to Chair these panels. The quarter had coincided with some leave arrangements which further reduced the number of available hospital managers.

In addition, one of the Hearings was Adjourned whilst Legal Representation was arranged for the patient.

2.3 Matters Arising.

The Group were provided with an update on previous challenges in relation to convening face-to-face Hospital Managers hearings in Ysbyty George Thomas Hospital. It was proposed that a directional sign be placed at the reception area, directing the Associate Members and hearing participants to the designated meeting room.

Feedback was shared from a meeting involving a patient's RC and Clinical Director in relation to concerns raised at a previous Hospital Managers hearing by a relative. In the hearing the relative raised questions about the appropriateness of the treatment provided. Both Clinicians were complimentary of the panel Members who were clear to the family member about the scope of their responsibilities in the hearing. These responsibilities were confined to Detention under the MHA and not specifically in relation to patient concerns. The issue of patient concerns would normally be addressed through the Health Boards concern's policy and arrangements.

2.4 Experiences arising from Hospital Managers hearings.

One of the Associate Members discussed a hearing with another provider in which a young person was requesting discharge from Detention. The Nearest Relative believed the Section should be upheld and highlighted concerns about treatment in other hospitals. The Member explained the importance of achieving the correct balance between listening to concerns and acting within their remit to review the legality of the renewal of Detention. There was some discussion around the potential for patients and their family members to believe Independent Associate Hospital Manager were responsible for operating arrangements. Panel members confirmed their role to consider the legality of Detention at the start of each hearing. It was agreed that this would be further clarified in the recent information leaflet generated for patients prior to a Hospital Manager's hearing.

Another Associate Member, who had recently taken up the position of Chairing a Hospital Managers hearing expressed her gratitude to fellow panel Members for their support. This illustrated the wide experience and mutual support provided within the group.

2.5 Hospital Managers Annual Appraisals.

The Group were informed that the annual appraisals were nearing completion. A summary document identifying key themes will be produced for discussion at the next PODSC meeting on 23 July.

2.6 Mental Health training programme.

At the start of the meeting, a very informative presentation was delivered on mental health concerns and young people.

Some of the topics discussed included:

- Neurodiversity and Emotionally Unstable Personality Disorders in young people.
- Preventative work available in Ty Llidiard to avoid Detention under the MHA.
- Transition between CAMHS to Adult services.

The Mental Health and Learning Disability Care Group Integrated Medium Term Plan on a page for 2026- 2029 was discussed by the Group. This helped give members a better understanding of service developments and priorities. It was suggested that further information at a future meeting could be provided on how the Health Board's Transformational Programme aligns with the National Mental Health Programme. A training session on the treatment of adults with psychosis is being arranged for the next meeting of the committee.

Neurodiverse Connection are providing two training sessions on Neurodiversity to the Mental Health & Learning Disability Care Group in May. The session will include updates on research and theory supported by some insights for those with lived experience. Invitations have been extended to the Associate Hospital Managers.

2.7 MHA activity report- Q4 (January - March 2026).

The Group were provided with a summary of the Mental Health Act activity report for Q4. The report described a relatively stable quarterly period when compared with activity from the mean of 2022-25 across all services consistent with the mean. There had been no fundamental breaches of the Act, with only 1 lapse of Detention. The Chair expressed gratitude to the MHA team for the positive feedback following the recent HIW visit in April to the Adult acute wards in Royal Glamorgan Hospital. Members of the Group considered the activity report to helpfully place their work within the context of wider Mental Health activity within the Care Group.

2.8 The Mental Health Act 2025.

Updates on the implementation timeline for the new MHA 2025 were considered by the Group. The Group also discussed key amendments which had been introduced to:

- Strengthen the voice of patients subject to the Act
- Limit the use of the Act to detain people with learning disabilities and autism.
- Ensure that Detention under the Act is only used when, and for as long as necessary.
- Add statutory wait to patients' rights to be involved in planning with planning for their care and inform choices regarding their treatment

Consultation on the new MHA Code of Practice for Wales is expected in 2026. It was confirmed that the implementation would be phased and was likely to take between 8-10 years. The Chair acknowledged that the Health Board needed a plan to roll out awareness training on the new principles of the Act. The knowledge base in relation to this was invested in Section 12 approved doctors who would be receiving Mental Health Act updates from their approving body Betsi Cadwaladr University Health Board.

3. Assessment

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



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

Impact Assessment		
<p>Ansawdd</p> <p><i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i></p> <p>Quality</p> <p><i>Have you undertaken a Quality Impact Assessment Screening?</i></p>	<p>Yes: <input type="checkbox"/></p>	<p>No: <input checked="" type="checkbox"/></p>
<p>Cydraddoldeb a'r Gymraeg</p> <p><i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i></p> <p>Equality and Welsh Language</p> <p><i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i></p>	<p>Yes: <input type="checkbox"/></p>	<p>No: <input checked="" type="checkbox"/></p>
<p>Cyfreithiol / Legal</p>	<p>There are no specific legal implications related to the activity outlined in this report.</p>	
<p>Enw da / Reputational</p>	<p>There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.</p>	



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

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.



6.2	27/05/2026	Mental Health Act Monitoring Committee Meeting	Strategic Update – Local Authority Update RCT
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Report Details:	
FOI Status:	Open (Public)
If closed please indicate reason:	
Prepared By: <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Kate Riley, Head of Service RCT
Presented By: <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Kate Riley, Head of Service RCT
Approving Executive Sponsor:	
Report Purpose	For Noting
Engagement undertaken to date:	

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



Regional AMHP Strategic Update

Policy review

Regional AMHP leads from Bridgend, Merthyr, and Rhondda Cynon Taf to review and amend AMHP policies to ensure they are consistent with each other

Policies due for review are:

- AMHP warranting policy
- Guardianship policy

HIW/CIW Improvement Plan

Inspection completed in Taff Ely CMHT, RCT January 2026

Risk	Action
<p>Staff highlighted concerns regarding the governance arrangements supporting crisis cover and reported limited access to Mental Health Act approved doctors.</p>	<p>The Health Board acknowledges that there have been inconsistencies in medical staffing cover across community mental health services. The adult mental health directorate is currently redesigning its community medical model to ensure that there is robust and consistent medical staffing in all localities. This redesign model is expected to be completed by 31/05/2026</p>
<p>Hospital managers' hearing minutes repeatedly contained incorrect extension dates, creating inaccuracies in statutory documentation.</p>	<p>The Mental Health Act Team Leader has spoken with the MHA team to ensure that the whole team understand the requirement and is aware of the correct date to complete on the decision. This will be included within the regular MHA documentation audit going forward and findings reported through the MHA operational group</p>

HIW/CIW Improvement Plan

Inspection completed in Taff Ely CMHT, RCT January 2026

Risk	Actions
<p>Workforce capacity Local authority practitioners highlighted capacity pressures in Approved Mental Health Professionals (AMHPs)</p>	<p>The RCTCBC AMHP lead has met with team practice and performance managers to discuss review of resources across the RCT area considering use of current resources across the region.</p> <p>An action plan will be developed by end April 2026 and fully implemented with evaluation measures included by end October 2026</p>



Recommendation

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

Next Steps

Unapproved Minutes of the Mental Health Act Monitoring Committee

Date and Time of Meeting	Wednesday 25 th February 2026 at 2p.m
Venue	Virtual via Microsoft Teams

Members Present	Kath Palmer	Committee Chair
	Helen Lentle	Independent Member (In part)
	Rachel Rowlands	Independent Member
	Hayley Proctor	Independent Member (in-part)
In Attendance	Gethin Hughes	Chief Operating Officer
	Robert Goodwin	Directorate Manager, CAMHS and Specialist Services
	Clare Williams	Service Director Mental Health & Learning Disabilities (in part)
	Lloyd Griffiths	Interim Nurse Director, Mental Health & Learning Disabilities
	Emma Walters	Head of Corporate Governance and Board Business
	Julie Denley	Deputy Chief Operating Officer
	Alexandra Beckham	Merthyr Tydfil County Borough Council
	Paul Emmerson	Inpatient Consultant Psychiatrist (in-part)
	Sharon Edwards	Corporate Governance Officer
	Meeting Observers	Bevan Howell

Agenda Item	Meeting Business
1.	PRELIMINARY MATTERS
1.1	Welcome and Introductions
	The Committee Chair welcomed everyone to the meeting, particularly those joining for the first time, those observing, and colleagues joining for specific agenda items. The format of the proceedings in its virtual form was also noted.
1.2	Apologies for Absence
	Apologies were received from: <ul style="list-style-type: none"> • Kate Riley, Rhondda Cynon Taf CBC • Alyson Jones – Merthyr Tydfil CBC



	<ul style="list-style-type: none"> • Kelvin Barlow – Bridgend LA <p>J Denley advised that in recognition of the apologies received for the last few meetings of the Committee from Local Authority representatives, she had asked the Corporate Governance Team to review attendance data over the previous 12 months to understand whether the pattern was unusual and to inform any next steps. It was also noted that the meeting invitation list would be reviewed and updated to ensure the right representatives were included in meeting invites.</p>
Action	Review and amend the meeting invitation list
1.3	Declarations of Interest
	There were no declarations identified
2.	CONSENT AGENDA BUSINESS
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.
3.	MAIN AGENDA
3.1	Action Log
	<p>R Goodwin highlighted some updates required to two progress updates contained within the action log as follows:</p> <p>For the action 14, he requested that the narrative in the progress update column was amended to read as follows:</p> <ul style="list-style-type: none"> • A new data collection <i>proforma</i> has been developed to capture individual reasons for delay focusing on Emergency Department activity. <i>This will be the subject of a future deep dive.</i> <p>For action 16, he suggested the narrative in the progress update column was amended to read as follows:</p> <ul style="list-style-type: none"> • 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. <p>Members agreed to close the proposed actions and continue monitoring three actions still in progress, including Places of Safety and the patient story deep dive.</p> <p>It was also noted that a visit to the Mental Health Unit at Royal Glamorgan Hospital was planned for May 2026 to facilitate a face-to-face meeting of the Committee.</p>
Resolution:	The Action Log was NOTED.
3.2	Matters Arising Not Captured on the Action Log
	There were no matters raised.
4.	RISK MANAGEMENT ACTIVITY
4.1	Organisational Risk Register



	<p>E. Walters presented the Organisational Risk Register.</p> <p>In response to a query raised by K Palmer as to whether the two interim Clinical Directors and Medical Director arrangements at Royal Glamorgan Hospital should be recorded as a risk, J Denley advised that mitigations were in place and felt that the issue did not meet Board level risk thresholds at present.</p>
Resolution:	The Committee REVIEWED and NOTED the Organisational Risk Register.
Action:	None Identified
5. GOVERNANCE ASSURANCE	
5.1	Deep Dive Spotlight: Deep Dive into Adult Detentions
	<p>R Goodwin presented the report on the use of the Mental Health Act in adult services, where trends in detention activity were reviewed and whether local practice posed any quality, safety or compliance concerns.</p> <p>In response to a query raised by K Palmer as to whether adult detention levels were appropriate and whether the Health Board was an outlier, R Goodwin responded that detention activity was stable across all localities and remained within expected statistical variation. Members noted that CTMUHB sits around the Welsh average and was not an outlier and noted that despite periods of slightly increased activity, they were still within control limits and did not indicate systemic concern.</p> <p>G Hughes queried whether a higher proportion of informal admissions created an additional risk, including unsafe discharge or de-facto detention. P Emmerson advised that informal patients were legally free to leave and safeguards were in place to prevent de-facto detention.</p> <p>G Hughes queried as to why Community Treatment Orders (CTOs) were declining. P Emmerson clarified that CTOs were resource-intensive and required frequent tribunals and reviews, often with limited clinical benefit. Members noted that many clinicians feel the balance between workload and benefit does not justify their use and noted that the National Mental Health Act reform was expected to significantly change or remove CTOs.</p> <p>K Palmer queried as to whether there was a variation between hospital sites and if so, was this acceptable. P Emmerson advised that some variation existed and this reflected clinical judgment and experience. C Williams also confirmed that the variation observed was not unwarranted and remained within acceptable parameters.</p> <p>K Palmer as to what actions had been identified from the deep dive. J Denley advised that a summary from the deep dives would be completed and any actions would be followed up and discussed via the Operational Group. Members noted that the deep dive raised no issues requiring escalation.</p>



	<p>In response to a query raised by H Lentle as to whether Independent Members were being sufficiently assured and how ongoing differences and risks would be monitored, J Denley and C Williams responded by confirming that detention data was reviewed routinely through the Operational Group, supported by SPC charts and regular reporting. It was noted that any emerging concerns would be escalated to the Committee as and when they arise.</p> <p>Following discussion, C Williams suggested that it may be helpful to undertake a review of the information being presented to the Committee to ensure the Committee were being provided with the appropriate assurance that the Operational Group was acting appropriately and monitoring progress. G Hughes also highlighted the need for the data being presented to provide assurance, clearly identifying variances alongside some narrative and analysis.</p> <p>The Committee commended the work that had been undertaken.</p>
Resolution:	The Committee NOTED the report
Action:	None Identified.
5.2	MHA Operational Group Update Report
	<p>R. Goodwin presented an update and highlighted the key matters for Members attention.</p> <p>In response to a request made by K Palmer, R Goodwin agreed to circulate the Healthcare Inspectorate Wales Annual Report to Members.</p> <p>In response to a query raised by K Palmer as to how places of safety operated for children and young people work, R Goodwin advised that children and young people were usually taken to emergency departments or paediatric wards rather than adult Places of Safety. Members noted that this was standard practice which could present challenges, particularly for older adolescents.</p> <p>G Hughes queried whether there is a risk relating to prolonged use of emergency departments or paediatric wards as places of safety for young people, which was acknowledged by R Goodwin as a concern particularly for the older young people. G Hughes noted that while this has not been a significant issue to date it was agreed that this was an area that may warrant future consideration, particularly in relation to eating disorders and transition age young people. Members agreed that this should be added to the forward work programme.</p> <p>In response to a query raised K Palmer as to whether complaints about the application of the Mental Health Act were reviewed by the Committee, R Goodwin, J Denley and L Griffiths replied that formal complaints relating specifically to the Mental Health Act were rare, advising that feedback would be reviewed by Advocacy with any themes identified being presented to the Operational Committee and any concerning patterns would be escalated.</p>
Resolution:	The Committee NOTED the review.
Action:	Healthcare Inspectorate Wales Annual Report to be circulated to Members.
Action:	Add the risk relating to the prolonged use of emergency departments and paediatric wards as places of safety for young people to the Forward Work plan

	for future consideration, with particular focus on eating disorders and transition-age young people.
5.3	MHA Quarterly Activity Report / Analysis of Unlawful Detentions
	<p>R. Goodwin presented the report and highlighted the key matters for Members attention.</p> <p>The Committee noted this as a strong and positive position which reflected sustained compliance.</p> <p>G Hughes queried whether the minor errors identified revealed any common themes or opportunities for learning or training. P Emmerson clarified that the errors were administrative in nature, such as minor spelling inaccuracies, and were attributable to human error. However, refresher training would be provided on Section 52 for junior doctors and for new starters to maintain consistency and compliance.</p>
Resolution:	The Committee DISCUSSED and NOTED the report.
Action:	None identified
5.4	Risks Relating to Monitoring of MHA
	<p>J Denley presented the report and highlighted the key matters for Members attention.</p> <p>C Williams provided an update on the single mental health clinical record and advised that a preferred provider had been identified and added that Welsh Government approval is awaited. Members noted that subject to this approval, the contract would follow with an anticipated 18–24-month implementation period.</p> <p>J Denley confirmed that she had queried whether the report felt accurate, but having looked at the HIW inspections, associated paperwork and processes, she confirmed that she was content to sign off the report as a true reflection.</p> <p>K Palmer queried whether there was an update on the national transport solution under Right Care, Right Person. L Griffiths confirmed that there were no national updates at this time. Members noted that South Wales Police continued to provide transport and were using this period to collect data to support future national decisions. Members noted that no local issues had been escalated.</p>
Resolution:	The Committee NOTED the report.
Action:	None identified
5.5	Hospital Managers Power of Discharge Sub Committee
	<p>An overview of the meeting was provided by K Palmer and J Denley.</p> <p>Members noted that the Sub-Committee was becoming more established with well-functioning meetings and improved confidence and consistency in the approach being taken.</p> <p>Members noted that a new committed and passionate group of hospital managers were currently undertaking training and ongoing development sessions were planned.</p>
Resolution	The Committee NOTED the report



Action	None identified
6	CREATING HEALTH
6.1	Strategic Update from South Wales Police
	Members noted that there was no update from South Wales Police on this occasion.
Resolution	N/A
Action	None Identified
6.2	Strategic Update from Local Authority Partners
	Members noted that there was no update from the Local Authority Partners on this occasion.
Resolution:	N/A
Action:	None Identified
7	CONSENT AGENDA
7.1	Items for Approval
7.1.1	Unconfirmed Minutes of the Meeting held on 4th December 2025
	The minutes were approved
7.2	Items for Noting
7.2.1	Forward Work Programme
	The Forward Work Plan was NOTED .
8	CLOSE OUT BUSINESS
8.1	Committee Highlight Report It was suggested that two positive escalations on the Power of Discharge Committee and the Deep Dive into Adult Detentions were included in the Committee Highlight Report to Board.
8.2	Any Other Urgent Business
8.3	Meeting Feedback
	The Chair invited Members to comment and reminded them that they could also relay feedback outside of the meeting. K Palmer also noted the current attendance levels and encouraged increased attendance from Bridgend and Merthyr Tydfil County Borough Councils. It was further suggested that South Wales Police be invited to attend when appropriate, as their input would be valuable on some of the topics raised.
8.	DATE AND TIME OF NEXT MEETING
	Wednesday 27 th May 2026 at 14.00 pm



Agenda Item

7.2.1a

Mental Health Act Monitoring Committee

Committee Annual Cycle of Business 2026

Dyddiad y Cyfarfod / Date of Meeting	27/05/2026
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author	Sharon Edwards, Interim Corporate Governance Officer
Cyflwynydd yr Adroddiad / Report Presenter	Gareth Watts, Director of Corporate Governance/Board Secretary
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance / Board Secretary

Pwrpas yr Adroddiad / Report Purpose	For Noting
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Board Development Session	26/02/2026	Approved

Acronyms / Glossary of Terms	



1. Situation /Background

- 1.1 The Mental Health Act Monitoring Committee should, on annual basis, receive a Cycle of Business which identifies the reports which will be regularly presented for consideration. The annual cycle is one of the key components in ensuring that the Committee is effectively carrying out its role.
- 1.2 The Cycle of Business covers the period 1 January 2026 to 31 December 2026.
- 1.3 The Cycle of Business was Approved by the Health Board at it's Board Development Session held on 26 February 2026.

2. Specific Matters for Consideration

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

3. Key Risks / Matters for Escalation

- 3.1 Please refer to **Appendix 1** – Strategic Development Committee Cycle of Business for further detail.

4. Assessment

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



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

5. Recommendation

5.1 The Mental Health Act Monitoring Committee are asked to **NOTE** the Annual Cycle of Business.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

6. Next Steps

- 6.1 The Committee will continue to review the Annual Cycle of Business at each of its meetings.



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

(1st January 2026 to the 31st 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**.


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

CTMUHB Committee Business:


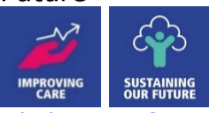
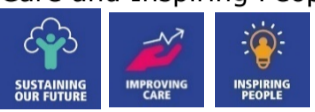








Improving Care Strategic Goal aligned to Committee Business <ul style="list-style-type: none"> Delivering Safe and Compassionate Care Developing new models of care Digital Transformation for patients and staff Ensuring timely access to care 		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Consent Agenda	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"> Completion of statutory MHA documentation Section 136 Emergency 	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.

<p>department waiting times.</p> <ul style="list-style-type: none"> Use of Emergency treatment Section 62 and timely requests for SOAD assessments. Review of section 117 Aftercare register and compliance with policy (to be scheduled for 2027) 																				
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.	
<p>Improving Care Strategic Goal aligned to Committee Business CONTD</p> <ul style="list-style-type: none"> Delivering Safe and Compassionate Care Developing new models of care Digital Transformation for patients and staff Ensuring timely access to care 																				
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	

Creating Health Strategic Goal aligned to Committee Business <ul style="list-style-type: none"> Reducing Health Inequalities Equal focus on Mental Health and Physical Health Supporting our communities Being a Healthy Organisation 																			
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 Act Legislation	Deputy Chief Operating Officer (Mental Health, Primary Care and Community) / Clinical Service Group Manager MH Care Group	Annually											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.

Governance / Committee Business Governance Activity																		
<ul style="list-style-type: none"> To support a strong governance framework to support effective and efficient Board Business. Creating a culture of integrity, transparency, and accountability 																		
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 Deferred To August			R					X	R	N/A	N/A
Terms of Reference Review	Director of Corporate Governance / Board Secretary	Annually					R Deferred To August			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  Click Here for Risk 1a Click Here for Risk 1b	a) Enough capacity to meet elective demand b) Enough capacity to meet emergency demand	Chief Operating Officer	Quality, Safety & Experience Committee and Operational Delivery Committee
2.	Improving Care, Sustaining our Future  Click Here for Risk 2	Ability to deliver improvements which transform care and enhance outcomes	Executive Director of Nursing / Executive Medical Director	Quality, Safety & Experience Committee and Operational Delivery Committee
3.	Sustaining our Future, Improving Care and Inspiring People  Click Here for Risk 3	Enough workforce to deliver the activity and quality ambitions of the organisation (Including Culture, Values and Behaviours)	Executive Director for People	Quality, Safety & Experience Committee and Operational Delivery Committee
4.	Creating Health, Sustaining our Future  Click Here for Risk 4	Effective Community and Partner Engagement in service changes and developments	Director of Communication, Engagement & Fundraising	Strategic Development Committee
5.	Improving Care, Sustaining our Future  Click Here for Risk 5	Delivery of a digital and information infrastructure to support organisational transformation	Director of Digital	Operational Delivery Committee and Strategic Development Committee
6.	Improving Care, Sustaining our Future  Click Here for Risk 6	Ability to maintain a safe and fit for purpose estate infrastructure	Executive Director of Finance	Operational Delivery Committee
7.	Sustaining our Future, Creating Health  Click Here for Risk 7	Fulfilling our Environmental and Social Duties and ambitions	Executive Director of Strategy & Transformation	Strategic Development Committee
8.	Creating Health, Sustaining our Future  Click Here for Risk 8	Prevention and early Intervention to support Healthy Life Expectancy	Executive Director of Public Health	Strategic Development Committee
9.	Sustaining our Future  Click Here for Risk 9	Failure to deliver a sustainable plan and manage revenue resources within the Revenue Resource limits set by Welsh Government (WG)	Executive Director of Finance	Operational Delivery Committee
10.	Sustaining our Future, Improving Care  Click Here for Risk 10	Ability to develop a fit for the future estate to reflect our future clinical service model	Executive Director of Finance	Strategic Development Committee
11.	Creating Health, Sustaining our Future, Improving Care  Click Here for Risk 11	Delivery of an Integrated Care Model	Chief Operating Officer	Strategic Development Committee



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

(1st January 2026 to the 31st 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	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 August 2026
February 2026	Mental Health Act Monitoring Committee	Committee	MHA Operational Group Update Report	Risk relating to the prolonged use of the emergency departments and paediatrics wards as places of safety for young people to be added to the Forward Plan for future consideration with particular focus on eating disorders and transition age young people	MHA Operational Group	Deputy Chief Operating Officer (Primary Care & Community & Mental Health and Learning Disabilities)	August 2026	Proposed for August 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	Completed This item was received at the August 2025 meeting.
June 2024	Mental Health Act Monitoring Committee	Committee	Deep Dive - Section 135 – Use and Code of Practice Compliance in CTM	Deferred from February Meeting	Chair MHA Operational Group	Gethin Hughes, Chief Operating Officer	August 2025	Completed This item was received at the August 2025 meeting.
February 2025	Mental Health Team	Operational Group	Allocation of Responsible Clinician Procedure	Approved by Operational Group and awaiting endorsement by Executive Management Board	Chair, MHA Operational Group	Gethin Hughes, Chief Operating Officer	May 2025 – Deferred to August 2025	Completed This was approved at the February 2025 meeting

February 2025	Email request	Deputy COO / Director of Primary, Community, Mental Health and LD	Section 136 conveyance to Emergency – review of standards against code of practice and local policy	Email request following review of forward work plan	Chair MHA Operational Group	Gethin Hughes, Chief Operating Officer	May 2025	This item is on the agenda for the May 2025 meeting
February 2025	Mental Health Act Monitoring Committee	Committee	Deep Dive – Mental Health Detentions within RCT	To undertake a deep dive into adult mental health detentions within the RCT area and present to the next meeting of the Committee for discussion.	Chair MHA Operational Group	Gethin Hughes, Chief Operating Officer	May 2025	This item is on the agenda for the May 2025 meeting
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	Completed Received at the December 2025 meeting
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.	Completed Received at the February 2026 meeting