



AGENDA ITEM

3.3

MENTAL HEALTH ACT MONITORING COMMITTEE

**MENTAL HEALTH ACT MONITORING COMMITTEE
SELF ASSESSMENT QUESTIONNAIRE**

Date of meeting

04/11/2020

FOI Status

Open/Public

If closed please indicate reason

Choose an item.

Prepared by

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Presented by

Wendy Penrhyn-Jones, Head of Corporate Administration

Approving Executive Sponsor

Director of Corporate Governance

Report purpose

FOR DISCUSSION / REVIEW

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

Committee/Group/Individuals

Date

Outcome

ACRONYMS

MHAMC

Mental Health Act Monitoring Committee

CTMUHB

Cwm Taf Morgannwg University Health Board

1. SITUATION/BACKGROUND

- 1.1 The purpose of this report is to review the Mental Health Act Monitoring Committee Self-Assessment Questionnaire relating to the activities and performance of the MHAM Committee during the year 2019-2020.
- 1.2 The Chair of the MHAM Committee is required to present an annual report outlining the MHAMC business through the financial year to the Health Board to provide an assurance on the monitoring and scrutiny undertaken of Cwm Taf Morgannwg University Health Board (CTMUHB) performance in relation to Monitoring of the Mental Health Act.

As part of this process the Committee are required to undertake an annual self-assessment questionnaire.

- 1.3 The Committee, at its last meeting held on 17 August 2020 agreed that the self-assessment would be undertaken electronically via Survey Monkey outside of the meeting and would discuss and review at the 4 November 2020 meeting.
- 1.4 The annual self-assessment questionnaire results are attached at **Appendix 1.**

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 2.1 Members of the Mental Health Act Monitoring Committee are asked to discuss and review the Committee self-assessment questionnaire relating to the activities and performance of the Mental Health Act Monitoring Committee during 2019/2020.
- 2.2 Members should note that 6 responses were received.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 3.1 The publication of the Annual Report demonstrates compliance with Standing Orders, which stipulates that each Advisory Group is required to submit an annual report to the Board through the Chair within three months of the end of the reporting year setting out its activities during the year and detailing the results of a review of its performance and that of any sub-groups it has established. As part of this process the

Committee are required to complete an annual self-assessment questionnaire.

- 3.2 The Committee will be asked to scrutinize and review the questions which returned a "no" a "do not know" or a comment.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	There are no specific quality and safety implications related to the activity outlined in this report.
Related Health and Care standard(s)	Governance, Leadership and Accountability If more than one Healthcare Standard applies please list below:
Equality impact assessment completed	Not required
Legal implications / impact	Yes (Include further detail below) This report complies with the requirement to submit an annual report to the Board through the Chair within 3 months of the end of the reporting year setting out its activities during the year and detailing the results of a review of its performance and that of any sub-groups it has established. As part of this process the Committee are required to complete an annual self-assessment questionnaire.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Main Strategic Objective	To provide strong governance and assurance



Link to Main Objective	WBFG Act Provide high quality care as locally as possible wherever it is safe and sustainable
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5. RECOMMENDATION

- 5.1 The Committee are being asked to:
- 5.2 **DISCUSS** the attached self-assessment checklist at **Appendix 1**.