



AGENDA ITEM
2.3

MENTAL HEALTH ACT MONITORING COMMITTEE
MENTAL HEALTH ACT MONITORING COMMITTEE SELF ASSESSMENT QUESTIONNAIRE – ACTION PLAN

Date of meeting	05/05/2021
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FOI Status	Open/Public
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If closed please indicate reason	Choose an item.
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Prepared by	Kathrine Davies, Corporate Governance Manager
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Presented by	Wendy Penrhyn-Jones, Head of Governance & Board Business
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Approving Executive Sponsor	Director of Corporate Governance
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Report purpose	FOR DISCUSSION / REVIEW
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
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Committee/Group/Individuals	Date	Outcome
MHAMC	04/11/2020	Noted

ACRONYMS	
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MHAMC	Mental Health Act Monitoring Committee
CTMUHB	Cwm Taf Morgannwg University Health Board

1. SITUATION/BACKGROUND

- 1.1 The Chair of the Mental Health Act Monitoring Committee is required to present an annual report outlining the Committee 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.
- 1.2 The Committee, at its meeting held on 4 November 2020 received the results of the self-assessment that had been undertaken electronically via Survey Monkey outside of the meeting.
- 1.3 The Committee agreed at the meeting that an Action Plan should be developed with the Chair following the meeting in order to address some of the responses received within the survey that required further action to strengthen awareness and assurance with timescales and leads.
- 1.4 The Action Plan was circulated to Members outside of the meeting and has since been reviewed.
- 1.5 The reviewed Action Plan is attached as **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, review and note the reviewed Action Plan.

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.



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	No (Include further detail below)
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
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 Strategic Well-being Objectives	Provide high quality, evidence based, and accessible care

5. RECOMMENDATION

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