

**BOARD MEETING**

**28 January 2016**

Paper Title:	Assurance Reports from Committee Chairs
Section:	Public - Information
Lead Director:	Committee Chairs
Paper Author:	Committee Chairs
Agenda Item:	<b>9</b>
Presented For:	Assurance

**EXECUTIVE SUMMARY:**

To update the Board on any significant issues arising from Board Committee meetings since the last Board meeting in December 2015.

**RELATED RISK(S):**

None.

**FINANCIAL IMPLICATION:**

There are no financial implications arising from the content of this paper.

Revenue       Capital

**RECOMMENDATIONS:**

That the Board:

- note the issues highlighted from the various meetings, seeking any further clarification from the Committee Chairs.

**LEGAL IMPLICATIONS:**

None.

**PREVIOUS MEETINGS/COMMITTEES:**

Highlight whether the paper has been discussed at any of the following meetings:

Audit Committee*	<input type="checkbox"/>	Quality & Safety Committee	<input checked="" type="checkbox"/>	Remuneration Committee	<input type="checkbox"/>	Finance, Business & Investment Committee*	<input checked="" type="checkbox"/>
Executive Management team	<input type="checkbox"/>	Directors Group	<input type="checkbox"/>	Charitable Funds Committee	<input type="checkbox"/>	MH Legislation Committee	<input checked="" type="checkbox"/>

## Assurance Reports from Committee Chairs

### Background

This paper provides a short update on any significant issues raised at Board Committees since the last Board meeting in November 2015. The following items are highlighted for information. The Committee Chair may wish to provide further context to the issues in the report.

### Quality and Safety Committee meeting – 18 December 2015

The following items are highlighted from the meeting:

**Allocation of children to Health Visitors by Local Authority of residence:** In a small number of cases unplanned movement, onto the BDCFT health visiting caseload, of children who reside within Bradford Metropolitan District but have GPs within North Yorkshire has caused difficulties in communication between professionals, which could be of particular concern when children are known or perceived to be at risk. The committee were assured that an agreement now exists that no further children will be transferred until an agreed process is in place to manage these transfers. The committee will receive a further update at their next meeting.

**Safeguarding of Adults and Children:** The committee endorsed the sharing of the report received with CCGs.

It was noted that uptake of Safeguarding training appears to have dropped, in part due to a relatively large number of health visitors being new in post and in part because the training requirements for some posts has changed. Sufficient training capacity is available to address these issues. The committee monitors Safeguarding training through its dashboard.

The committee noted a high uptake of Safeguarding supervision which had been evaluated well by participating staff.

**Smoke-free environment:** Operational management staff attended to discuss this report with the committee. The committee were assured that effective approaches are being taken to implementing this policy including:

- Easy access to staff trained to support smoking cessation, stop smoking groups and nicotine replacement therapy (NRT)
- NRT is available within 30 minutes of admission for patients admitted via the police.
- All other patients are aware of the smoke-free policy before admission.

It was noted that with the increased emphasis on improving physical health of patients with mental illnesses all mental health inpatient facilities will be expected to become smoke-free.

**Action plan following the Community Mental Health survey:** Following on from the excellent survey results, the committee was assured that an action plan is already in place and being implemented. Additional work is needed on actions to engage service users in decision making around prescription of medicines to assure the committee that all areas

for improvement are being addressed. An update will be provided in the next You and Your Care report to the committee.

**Administration hub:** The committee was assured that there is now a very prompt average call answering time for service users telephoning the administration hub. Incidents, which peaked at 168 in June 2015 are now down to a handful each month. The rapid increase in podiatry bookings is now accommodated and there have been no further incidents since the Duty of Candour incidents notified to the board earlier in the year. Continuing challenges to the service are listed in the minutes, are well understood by the service and are being addressed.

**Self-assessment against NICE guidance:** the committee was assured that prioritisation of the backlog has been undertaken and actions put in place to accelerate progress. The committee will reconsider assurance relating to NICE guidance when sufficient time has passed for these actions to become embedded.

**Limited assurance of cold-chain management of medicines on wards:** The committee were assured that cold-chain management in the storage of vaccines by community teams was effective. An assessment of the potential impact of failure of the cold chain on wards and an action plan to address this issue will be considered alongside the relevant audit report at the committee's March meeting.

**Mental Health Legislation Committee meeting – 20 January 2016** (*verbal report from Mr Coyle*)

**Mental Health Legislation Committee (MHLC) Terms of Reference for ratification:**

At the April 2015 meeting of the MHLC meeting changes to membership and committee function had been discussed and the Terms of Reference had been updated to reflect the changes. The ToR were approved at the committee meeting held on 15 July 2015 and the committee requested that the ToR be submitted to a Board meeting for ratification. The ToR are noted in Appendix A.

**Finance Business and Investment Committee meeting – 27 January 2016** (*verbal report from Mr Vincent*)

**Recommendations:**

That the Board:

- note the issues highlighted from the various meetings, seeking any further clarification from the Committee Chairs; and
- ratify the Mental Health Legislation Committee Terms of Reference.

## Appendix A : Mental Health Legislation Committee Terms of Reference

<b>Document details:</b>	Terms of Reference for the Mental Health Legislation Committee
<b>Version:</b>	5
<b>Approved by:</b>	Trust Board
<b>Date approved:</b>	July 2015
<b>Ratified by:</b>	Trust Board
<b>Date ratified:</b>	tbc
<b>Title of originator / author:</b>	Trust Secretary / Mental Health Legislation & Care Programme Approach Lead
<b>Title of responsible Director:</b>	Non-Executive Chair of the MHLC & Medical Director
<b>Date issued:</b>	July 2015
<b>Review date:</b>	tbc
<b>Frequency of review:</b>	Annual
<b>Where is previous copy archived: (if applicable)</b>	Available from Committee Support Officer
<b>Amendment Summary:</b>	
<p>Changes to the membership and functioning of the committee are being made as agreed by the Mental Health Legislation Committee on 22 April 2015. Details are listed below.</p>	

Section	Detail
<b>C</b>	Clarifying requirements to oversee implementation of any new and amended mental health legislation
<b>E</b>	Major changes to Committee membership
<b>J</b>	Changes to monitoring of committee attendance
<b>K</b>	Changes to quorate meeting requirements
<b>M</b>	Changes to requirements for others to attend committee meetings as determined by the committee

## **Terms of Reference for the Mental Health Legislation Committee**

### **A. Overall aim or purpose:**

The overall aim of the Committee is to monitor, review and report to the Board the adequacy of the Trust's processes to support the operation of mental health legislation.

### **B. Key objectives:**

The Mental Health Legislation Committee's key objectives are to:

- monitor, review and report to the Trust Board on all aspects of mental health legislation;
- be assured that there are systems, structures and processes in place to support the operation of mental health legislation, within both inpatient and community settings and ensure compliance with associated codes of practice and recognised best practice;
- be assured that the Trust has in place and utilises appropriate policies and procedures in relation to mental health legislation and to facilitate the publication, distribution and explanation of the same to all relevant staff, service users and managers; and
- be assured that Associate Hospital Managers and appropriate staff groups receive guidance, education and training in order to understand and be aware of the impact and implications of all new relevant mental health associated legislation.

### **C. Specific areas of responsibility:**

The Mental Health Legislation Committee is authorised by the Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.

In particular the Committee shall review the adequacy of:

- the implementation and performance of operational arrangements in relation to mental health legislation through quarterly dashboard reporting of key performance indicators;
- reports from inspecting authorities and the development of action plans in response to recommendations;
- progress against any other action plans and any risks identified within the Corporate Risk Register relevant to mental health legislation;
- analysis and information reports in relation to the use of the Mental Health Act and to make recommendations in response to findings;
- the schedule of powers and responsibilities of the Associate Hospital Managers, including those powers and responsibilities delegated to officers of the Trust;
- information provided to Associate Hospital Managers of their legal duties and appropriate training to support their duties under mental health

legislation;

- the process of recruitment, induction, appraisal and development of Associate Hospital Managers (through the Trust Chair and Chair of the Mental Health Legislation Committee);
- implementation and requirements of any new and amended mental health legislation, establishing groups to undertake detailed implementation work as required;
- introduction, development, revocation and ratification of Trust policies and procedures in relation to mental health legislation, developed where appropriate with partner agencies;
- the provision of adequate guidance, information, education and training on mental health legislation to staff, service users, carers and other stakeholders;
- joint working arrangements around the use of mental health legislation with partner agencies, notably including local authorities, other NHS commissioners and providers, and the police.

#### **D. Chair:**

The Mental Health Legislation Committee shall be chaired by a Non-Executive Director appointed by the Trust Board. A second Non-Executive Director shall be identified to act as Deputy to the Chair.

#### **E. Members:**

The membership of the Committee will consist of the Medical Director, Deputy Chief Executive/Director of Nursing, Trust Secretary and three Non-Executive Directors (NEDs). One NED will be Chair and one will be Deputy Chair. The Chief Executive and Chair are invited / reserve the right to attend any meeting.

In addition, the following attendance is expected:

#### ***In attendance for whole of meeting***

- Deputy Director of Quality and Governance
- Deputy Director, Specialist In patient Services (representing all in-patient areas)
- One Associate Hospital Manager;
- A Doctor appointed under Section 12;
- Mental Capacity Act and DOLS Clinical Lead;
- Mental Health Legislation and Care Programme Approach Lead, (to act as Committee administrator);
- Approved Mental Health Professional Manager;
- A Service User Development Worker; and
- One Carer support representative.

#### ***In attendance for specific updates from sub-groups:***

- Mental Health Act Advisor
- A DoLS/Best Interest Assessor or Practitioner

**F. Accountable to:**

The Mental Health Legislation Committee is accountable to the Board. The minutes of the Mental Health Legislation Committee shall be formally recorded and submitted to the Trust Board. In addition, minutes of the Mental Health Legislation Committee will be submitted to the Audit Committee for information.

**G. Accountable for:**

There are no formal lines of accountability between the Mental Health Legislation Committee and other Trust Committees. The Mental Health Legislation Committee interacts with other Trust Committees through cross attendance.

**H. Roles**

The role of the Chair is undertaken via a nominated Non-Executive Director. Minutes and administration of the meeting are undertaken through the Mental Health Legislation and Care Programme Approach Lead and Trust Secretary.

**I. Frequency of Meetings:**

Meetings will be held on a quarterly basis. There will be further meetings if required by the Committee or Trust Board.

**J. Frequency of Attendance:**

All Committee members will be expected to attend at least three meetings a year. Attendance will be monitored by the Trust Secretary/Mental Health Legislation and Care Programme Approach Lead.

**K. Quorum:**

The Committee will be considered quorate where at least two Non-Executive Directors and one Executive Director are in attendance.

**L. Record Keeping:**

Archives of minutes and papers relating to the Mental Health Legislation Committee are maintained by the Committee Support Officer.

**M. Lifespan of meeting:**

The Mental Health Legislation Committee is a standing committee of the Trust Board. It will continue to meet in accordance with these terms of reference until the Trust Board determines otherwise.

## **N. Other matters: attendance**

Deputy Directors, Heads of Service, Medical and Professional Leads will be required to attend Committee meetings to present agenda items as required by the Committee. Other Trust Directors, Managers and Clinicians will be required to attend to address specific issues as they arise. The Committee may choose to invite external organisations and individuals to present issues and reports from time to time.

## **O. Monitoring arrangements**

All elements of the Mental Health Legislation Committee Terms of Reference will be monitored annually by the Mental Health Legislation and Care Programme Approach Lead and reported to the Trust Board through the Annual Mental Health Legislation Report.

The following groups/services will report into the Mental Health Legislation Committee:

- Associate Hospital Managers Group;
- Mental Health Legislation Forum;
- Mental Capacity Act and DOLS Leads meeting