

TRUST BOARD

26 APRIL 2018

Paper Title:	Committee Terms of Reference: Quality and Safety Committee and Mental Health Legislation Committee
Section:	Public
Lead Director:	Paul Hogg, Director of Corporate Affairs
Paper Author:	Stella Jackson, Deputy Trust Secretary
Agenda Item:	16
Presented For:	Ratification
Paper Category:	Governance & Compliance

Executive Summary:

The Mental Health Legislation and Quality and Safety Committees have agreed a small number of changes to their respective terms of reference which are attached at Annex A. The changes are highlighted in red (for the Mental Health Legislation Committee) and yellow (for the Quality and Safety Committee).

The Mental Health Legislation Committee meeting was observed by two Non-Executive Directors, from Humber NHS Foundation Trust, who are undertaking a peer review of the Committee. Immediately following the meeting, those NEDs invited reflections about the Committee and Professor Armitage suggested that the following additional bullet point be added under the Key Objectives section of the Mental Health Legislation Committee terms of reference:

'be assured that our care and treatment in the Trust embrace the core values of current MH legislation and protect service users and the community of which they are members'.

Recommendations:

That the Board:

- **Ratifies** the Mental Health Legislation Committee terms of reference;
- **Agrees** to add the additional bullet point (proposed by Professor Armitage) to the Mental Health Legislation Committee terms of reference; and
- **Ratifies** the Quality and Safety Committee terms of reference.

Governance/Audit Trail:

Meetings where this item has previously been discussed (please mark with an X):					
Audit Committee		Quality & Safety Committee	X	Remuneration Committee	Finance, Business & Investment Committee
Executive Management Team		Directors		Chair of Committee Meetings	Mental Health Legislation Committee
Council of Governors					X

This report supports the achievement of the following strategic aims of the Trust: (please mark those that apply with an X):	
Consolidation of Market Share : being great in our patch	
Manage the impacts of the whole system of reduced health and social care funding: working in partnership to develop cost effective out of hospital services and pathways to support the delivery of sustainable services	
Secure Funding for new or expanded services	

This report supports the achievement of the following Regulatory Requirements: (please mark those that apply with an X):	
Safe: People who use our services are protected from abuse and avoidable harm	
Caring: Staff involve people who use our services and treat them with compassion, kindness, dignity and respect	
Responsive: Services are organised to meet the needs of people who use our services	
Effective: Care, treatment and support achieves good outcomes, helps to maintain quality of life people who use our services and is based on the best available evidence.	
Well Led: The leadership, management and governance of the organisation make sure it's providing high-quality care that is based around individual needs, encourages learning and innovation, and promotes an open and fair culture.	X
NHSI Single Oversight Framework	

Freedom of Information:
<p>Publication Under Freedom of Information Act</p> <p>This paper has been made available under the Freedom of Information Act</p>

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;
- receive assurances against CQC inspection action plan and routine CQC related activity
- 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, Director of **Operations and** Nursing 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 Trust Secretary**
- **Deputy Director of Quality Improvement**
- Deputy Director, Specialist In patient Services
- **Interim Deputy Director of Mental Health Acute & Community Services (inc CAMHS)**
- One Associate Hospital Manager
- A Doctor approved under Section 12 of the Mental Health Act (1983)

- Mental Capacity Act and DOLS Clinical Lead (Also a DOLS Best Interest practitioner)
- Mental Health Legislation and Care Programme Approach Lead (to act as Committee administrator)
- Mental Health Act Advisor
- Approved Mental Health Professional Manager
- A Service User Representative
- Carer Support Representative currently provided by a member of the Patient Experience and Involvement Team.

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

Other 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 meeting

Terms of Reference for the Quality & Safety Committee

A. Overall aim or purpose:

The overall aim of the Committee is to seek and obtain evidence of assurance on the effectiveness of the Trust's quality and safety systems and processes and the quality and safety of the services provided. This includes identifying and seeking assurance on the management of quality and safety related risks at operational and strategic level.

The Committee will monitor and report to the board on the effectiveness of these systems and processes.

B. Key objectives:

The Quality & Safety Committee's key objectives are to:

- Seek assurance that:
 - Systems and processes are effective;
 - The quality of services is good and continuously improving; and
 - The quality of the experience of people using our service is good and continuously improving.
- monitor, review and report to the Trust Board on all of the above; highlighting assurances received and risks to assurance identified
- support the range of quality and safety initiatives in place within the Trust, providing advice where appropriate
- support and promote a risk awareness culture and positive approach to investigating and learning from adverse events
- approve and ratify relevant strategies ensuring that they are fit for purpose

C. Specific areas of responsibility:

The Quality & Safety 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:

- **assurance against CQC inspection action plan and routine CQC related activity**
- Systems and processes to ensure monitoring and assessment of the quality and improvements in services
- Mechanisms to involve service users, carers, the public and partner organisations in improving services
- Arrangements for implementation and monitoring of clinical audit, clinical guidelines and protocols, NICE guidelines.
- Systems for identifying, reporting, mitigating and managing quality and safety related risks including the monitoring of incidents and complaints, and any risks within the Corporate Risk Register that have been allocated to the committee;
- Research governance structures and proposals and work programme for

Research and Development

- Structures and processes for developing and assuring clinical effectiveness
- Performance monitoring relating to key quality and safety indicators
- The Trust response to key external reports

In addition the Committee shall receive regular reports (including where applicable key performance indicators) on activity within operational services and the work of the sub groups of the Committee that contribute to the understanding and improvement of quality and safety.

D. Chair:

The Quality & Safety Committee shall be chaired by a Non-Executive Director appointed by the Trust Board. A 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, the Director of Nursing and Operations and three Non-Executive Directors. 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 the whole meeting

- Deputy Director of Quality Improvement
- Service user / carer representative
- Director of Corporate Affairs

In attendance for the quarterly performance dashboard item

- Operational Deputy Directors (x4)

In attendance for twice annual locality reports

- Deputy Director for locality
- Head of Service
- Chair of the locality Quality & Safety Group
- Clinical Lead for the locality

In attendance for other reports:

- Deputy Director(s) relevant to subject of paper
- Head(s) of Profession / clinical staff relevant to subject of paper
- Service user / carer representatives as relevant to subject of paper
- Representative from the facilities department as relevant to subject of paper

Where an Executive Director is unable to attend they may delegate to a Deputy Director; in such cases it should be made clear at the meeting who is undertaking the deputising role.

Where a Non- Executive Director is unable to attend they may delegate to another Non Executive; in such cases it should be made clear at the meeting who is undertaking the deputising role.

F. Accountable to:

The Quality & Safety Committee is accountable to the Board. The minutes of the Quality & Safety Committee shall be formally recorded and submitted to the Trust Board.

G. Accountable for:

There are no formal lines of accountability between the Quality & Safety Committee and other Trust Committees. The Quality & Safety 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 Deputy Director of Quality Improvement and the Trust Secretary.

I. Frequency of Meetings:

Meetings will be held every six weeks. There will be separate meetings if required by the Trust Board.

J. Frequency of Attendance:

All Committee members will be expected to attend at least six meetings a year. Attendance will be monitored by the Director of Corporate Affairs.

K. Quorum:

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

In exceptional circumstances an Executive Director can temporarily delegate their responsibility at Committee through a formal written letter of delegation.

L. Record Keeping:

Archives of minutes and papers relating to the Quality & Safety Committee are maintained by an identified committee support officer and stored in Quality & Safety Committee folder.

M. Lifespan of meeting:

The Quality & Safety 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 regular agenda items as requested 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 including service users and carers to present or attend for specific issues and reports from time to time.

O. Monitoring arrangements

All elements of the Quality & Safety Committee Terms of Reference will be monitored annually by the Deputy Director of Quality Improvement and reported in the Annual Quality & Safety Report.

The following groups/services will receive delegated actions from, and report into the Quality & Safety Committee:

- Improving Quality Programme Board
- Mortality Review Group
- Professions Council
- You and Your Care Steering Group (service user & carer involvement)
- Clinical Audit Steering Group
- Medicines Management Group
- Research & Development Forum
- NICE Monitoring Group
- Safeguarding Forum
- Infection control Sub Committee
- Resilience Group
- Serious Incident & Complaints Forum
- Business Unit quality and safety group.

