

PUBLIC BOARD MEETING

25 April 2019

Paper Title:	Assurance Reports from Committee Chairs
Lead Director:	Committee Chairs
Paper Author:	Committee Chairs
Agenda Item:	8
Presented For:	Assurance
Paper Category:	Governance & Compliance

Executive Summary:

This paper provides a summary of assurances presented to the Board by Committee Chairs since its last meeting to allow Board members to triangulate levels of assurance, identify any gaps and/or actions.

Recommendations:

Trust Board is asked to:

- note the issues highlighted from the Audit Committee;
- ratify the changes to the Terms of Reference of the Mental Health Legislation Committee at Appendix 1; and
- discuss any areas for further triangulation/action.

Governance/Audit Trail:

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

This report supports the achievement of the following strategic aims of the Trust: <i>(please mark those that apply with an X):</i>	
Quality & Workforce: to provide high quality, evidence-based services delivered by a diverse, motivated and engaged workforce	x
Integration & Partnerships: to be influential in the development of new models of care locally and more widely across the West Yorkshire and Harrogate STP	x
Sustainability and Growth: to maintain our financial viability whilst actively seeking appropriate new business opportunities	x

This report supports the achievement of the following Regulatory Requirements: <i>(please mark those that apply with an X):</i>	
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	

Assurance Reports from Committee Chairs

1. Audit Committee meeting, 15 April 2019

Assurances

From Internal Audit, the Committee received one "significant assurance", covering:

- Employee appraisals

The Committee noted that most actions arising from internal audit reports were being cleared in accordance with the proposed timescales and, where there are delays, these are either relatively minor or have good reason.

Assurances were also received in relation to:

- Work to date on the external audit
- Counter-fraud activity
- Losses and special payments - no significant untoward items.
- Waiver of standing orders - only used where necessary and in accordance with Standing Financial Instructions (SFIs)
- The Trust's Gifts and Hospitality register
- The process and timetable for evaluation of the impact of IFRS16 on the Trust's financial position and its implementation
- Specialist expertise available within Audit Yorkshire, the Trust's internal auditors
- The Trust's procedures in relation to the Bribery Act
- The current expectation that the Internal Audit Head of Audit opinion will be "significant assurance" (but this is subject to confirmation later)
- The procedures and timetables in place for the production of the Trust's Annual Report and Quality Report

Board to note

The Committee noted that the 2019/20 internal audit plan may be subject to amendment when the CQC report has been received and assessed.

The Committee noted the Board's intention to review the Trust's assurance mapping and supports this process.

The outcome of the "value for money" audit by the external auditors may be dependent on the receipt of the CQC report. There is a possibility, therefore, that the auditors may not be able to report on vfm at the same time as they report on the accounts. The vfm report may be delayed until the CQC report has been received and assessed.

2. Mental Health Legislation Committee meeting, 21 March 2019

The Terms of Reference of the Committee were reviewed at the meeting on 21 March, which are attached to this report at Appendix 1 for ratification.

Terms of Reference – for submission to Trust Board for Ratification

Document details:	Terms of Reference for the Mental Health Legislation Committee
Version:	11
Approved by:	Mental Health Legislation Committee
Date approved:	21 March 2019
Ratified by:	Trust Board
Date ratified:	25 April 2019
Title of originator / author:	Mental Health Legislation & Care Programme Approach Lead
Title of responsible Director:	Non-Executive Chair of the MHLC & Chief Operating Officer
Date issued:	26 April 2019
Review date:	Before 31 March 2020
Frequency of review:	Annual
Where is previous copy archived: (if applicable)	Available from Committee Support Officer
Amendment Summary:	
See below.	

Section	Detail
C	<p>Added:</p> <ul style="list-style-type: none"> oversight of restrictive practices through the dashboard, exception reporting and a summary of actions taken by the Positive and Proactive Steering Group; <p>Deleted:</p> <ul style="list-style-type: none"> introduction, development, revocation and ratification of Trust policies and procedures in relation to mental health legislation, developed where appropriate with partner agencies
E	<p>Added to Committee Membership:</p> <ul style="list-style-type: none"> Chief Operating Officer <p>Added to In Attendance list:</p> <ul style="list-style-type: none"> General Manager, Mental Health Care Group Service Manager, Acute Mental Health Care Services Interim Head of Quality Governance <p>Deleted from In Attendance list due to re-structures and operational changes:</p> <ul style="list-style-type: none"> Director of Operations and Nursing Deputy Director, Specialist In-Patients

	<ul style="list-style-type: none">• Interim Deputy Director of Mental Health Acute & Community Services (inc CAMHS)
0	<ul style="list-style-type: none">• Deleted: MCA and DOLS meeting from list reporting to Committee (no longer operating)

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 our care and treatment in the Trust embraces the core values of current MH legislation and protects service users and the community of which they are members;
- 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;
- **oversight of restrictive practices through the dashboard, exception reporting and a summary of actions taken by the Positive and Proactive Steering Group.**

- 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;
- 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, **Chief Operating Officer** and three Non-Executive Directors (NEDs). One NED will be Chair and one will be Deputy Chair. The Chief Executive and **Trust 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
- **General Manager, Mental Health Care Group**
- **Interim Head of Quality Governance**
- **Service Manager, Acute Mental Health Care Services**
- 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 Professionals 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 Deputy Trust Secretary.

I. Frequency of Meetings:

Meetings will be held on a 2-monthly basis (6 meetings per year). 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;