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BOARD OF DIRECTORS (Meeting in Public)

Monday 12th December 2016

1.00pm, Meeting Rooms 1 & 2, 1st Floor, The Curve

AGENDA – PART 1

ITEM	ACTION	PRESENTED BY	TIME
01	Apologies for Absence	To Note Rupert Nichols, Chair	1.00pm
02	Service Presentation: CAMHS - A Strategy for Excellence	To Note Rachel Green, Acting Deputy Network Director Sherman Imran, Lead Consultant for CAMHS	1.00 pm
03	Declaration of Interests	To Note All	1.30pm
04	Minutes of the Previous Meeting held 28 th November 2016	To Approve Rupert Nichols, Chair	1.30 pm
05	Matters Arising from the Previous Meeting	To Note Rupert Nichols, Chair	
06	Chair and Chief Executive Verbal Report	To Note To Note To Approve Rupert Nichols, Chair and Bev Humphrey, Chief Executive	1.35pm
	06.01 Name of Combined Entity		
	06.02 Appointment of Vice-Chair		
	06.03 Appointment of Senior Independent Director		

OPERATIONAL PERFORMANCE

07	Board Performance Report – <i>Verbal Update</i>	To Note	Neil Thwaite, Deputy CEO/Director of Development & Performance	1.45pm
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GOVERNANCE AND QUALITY

08	Board Assurance Framework	To Approve	Andrew Maloney, Director of HR and Corporate Service	1.50pm
09	Mental Health Act 1983 Scheme of Delegation	To Approve	Gill Green, Director of Nursing and Operations	2.00pm
10	Board of Directors Workplan 2017	To Approve	Kim Saville, Company Secretary	2.10pm

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ANY OTHER BUSINESS

11	Any Other Business	To Note	All	2.15pm
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DATE AND TIME OF NEXT MEETING

The next Board of Directors' Meeting will take place on Monday 30th January 2017 at 1.00pm in Rooms 1 & 2, 1st Floor, The Curve

RESOLUTION

The Board was invited to adopt the following:

'That representatives of the press and other members of the public be excluded from the remainder of this meeting, having regard to the confidential nature of the business to be transacted'

Board of Directors – Part 1

TITLE OF REPORT:	Minutes of the Previous Meeting Held 28 th November 2016
DATE OF MEETING:	12 th December 2016
AGENDA ITEM:	04
PRESENTED BY:	Rupert Nichols, Chair
AUTHOR(S):	Kim Saville, Company Secretary

EXECUTIVE SUMMARY:	The Board of Directors is asked to approve the minutes of the previous meeting held 28 th November 2016.
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LINKS TO OTHER KEY REPORTS/DECISIONS:	Minutes of the previous Board of Directors Meetings
LEGAL/REGULATORY IMPLICATIONS:	

THIS REPORT SUPPORTS ACHIEVEMENT OF THE FOLLOWING CORPORATE OBJECTIVES:			
Objective 1 – Promote recovery by providing high quality care and delivering excellent outcomes	x	Objective 4 – Invest in our environments	x
Objective 2 – Work with service users and carers to achieve their goals	x	Objective 5 – Enable staff to reach their potential and innovate	x
Objective 3 – Engage in effective partnership working	x	Objective 6 – Achieve financial strength and be well-governed	x

DOES THIS REPORT ADDRESS A RISK ON THE BOARD ASSURANCE FRAMEWORK (BAF)?	No
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If 'yes': N/A

DATIX ID	Strategic Objective	Description (as per BAF)

RECOMMENDATIONS:	To Approve
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UNRATIFIED

**PUBLIC BOARD OF DIRECTORS MEETING, MONDAY 28th NOVEMBER 2016, 1.00 PM,
ROOMS 1 AND 2, 1st FLOOR, THE CURVE**

Present:

Rupert Nichols	-	Chair
Anthony Bell	-	Non-Executive Director
Margaret Campbell	-	Acting Medical Director
Malcolm Cowen	-	Non-Executive Director
Kathy Doran	-	Non-Executive Director
Gill Green	-	Director of Nursing & Operations
Ismail Hafeji	-	Director of Finance, Capital and IM&T
Julie Jarman	-	Non-Executive Director
Andrew Maloney	-	Director of HR & Corporate Services
Terry McDonnell	-	Non-Executive Director
Deborah Partington	-	Director of Manchester Services
Neil Thwaite	-	Deputy Chief Executive/Director of Development & Performance

In Attendance:

Kim Saville	-	Company Secretary
Jonathan Elster	-	Public Governor (Salford)

No.	Item	Action
253/16	<p>Apologies for Absence</p> <p>Apologies for absence were received from:</p> <ul style="list-style-type: none"> • Chris Daly, Medical Director; and • Bev Humphrey, Chief Executive 	Noted
254/16	<p>Service Presentation – Supporting People with Mental Health and Substance Misuse Issues</p> <p>The Board of Directors received a presentation from Richard Rodgers, Strategic Lead for Substance Misuse on services for people with co-existing alcohol and drug misuse with mental health issues. He noted that these individuals are sometimes referred to as having a dual diagnosis, but highlighted the issues with this description. He summarised the general theory behind co-existing alcohol/drug misuse and mental health issues, the level of need and barriers to access, and the cost of co-morbidity.</p> <p>Richard Rodgers confirmed that Public Health England (PHE) Guidance has been drafted - publication of which is imminent – and outlined the key principles set</p>	Noted

	<p>out in this guidance. He also referenced the current understanding of the scope of NICE guidance expected on 30th November 2016 and confirmed that this will focus on integrated approaches to service provision.</p> <p>Richard Rodgers highlighted a number of examples of integrated approaches being taken by the Trust currently, including a dual diagnosis pilot in Little Hulton and the employment of a Dual Diagnosis Practitioner at Meadowbrook. He provided feedback on the progress made and the ongoing challenges relating to the complexity of the client group.</p> <p>Richard Rodgers briefed the Board of Directors on the upcoming tender for the provision of substance misuse services in Bolton, Salford and Trafford and the opportunity this presents. He noted that commissioners are seeking a lead provider across the three areas with sub-contracted partners and that the Invitation to Tender (ITT) has been delayed until January 2017. He concluded by summarising the Trust's ambitions in relation this agenda.</p> <p>In response to a query from Kathy Doran, Non-Executive Director, Richard Rodgers summarised the current arrangements for service provision in Bolton, Salford and Trafford and the value this may add to the Trust's bid. Rupert Nichols, Chair, questioned the alignment with Manchester's substance misuse services and the Board noted that this contract was awarded for seven years in 2015/16.</p> <p>Julie Jarman, Non-Executive Director, provided feedback from a recent service visit to 'Unity' in Cumbria, noting the challenging relationship with the local Community Mental Health Teams (CMHTs).</p> <p>Rupert Nichols thanked Richard Rodgers on behalf of the Board for an informative presentation.</p>	
255/16	Declaration of Interests	Noted
	There were no declarations of interest.	
256/16	Minutes of the Previous Meeting held 31st October 2016	Approved
	The minutes of the previous meeting were accepted as a true record.	
257/16	Matters Arising from the Previous Meeting	Noted
	Kim Saville, Company Secretary, updated Board members on progress against the action log. She advised that an update on the cost implications of the new doctors in training contract had been deferred to the January meeting of the Board of Directors. The Board noted that all other matters arising had either been actioned or were covered on the agenda.	
258/16	Chair and Chief Executive Verbal Report	Noted
	In Bev Humphry's absence, Neil Thwaite, Deputy Chief Executive/Director of Development and Performance, provided an update on the acquisition of	

	<p>Manchester Mental Health and Social Care NHS Trust (MMHSC). He confirmed that due diligence had now been completed on the Full Business Case and provided feedback from the Executive Challenge meeting with NHS Improvement (NHSI) on 24th November 2016. He outlined the next steps in the critical path – namely, receipt of a transaction risk rating from NHSI on 2nd December 2016, Council of Governors’ vote to approve the transaction on 6th December 2016 and sign-off of the transaction agreement at the Board of Directors meeting on 12th December 2016.</p> <p>Neil Thwaite also advised that the Trust had not been successful in its two categories (Workforce and Provider of the Year) at the HSJ Awards 2016. All Board members acknowledged the significant achievement in being short-listed for these awards and the deserving winners.</p>	
259/16	<p>Annual Safeguarding Report 2015-16</p> <p>Gill Green, Director of Nursing and Operations, presented the Trust’s Annual Safeguarding Report for the period August 2016 to July 2016. She advised that the report includes separate reviews of the strategy, developments and activity for both children and adult safeguarding.</p> <p>Gill Green drew the Board’s attention to a number of key areas within the report. She highlighted the feedback received as part of the CQC deep-dive inspection, with the CQC finding effective systems in place for the management of safeguarding incidents and organisation-wide awareness of how to raise safeguarding concerns. She confirmed that from January 2017, the Trust will interface with 9 safeguarding Boards, including Manchester. In preparation, Gill Green will be attending Manchester’s Safeguarding Board on 13th December 2016. She also highlighted the exponential growth in the type and nature of adult safeguarding alerts. She advised that the Trust has strengthened its professional leadership in this area, by appointing two Named Doctors for safeguarding adults.</p> <p>Gill Green outlined the aims of the ‘Prevent’ duty under the Counter-Terrorism and Security Act 2015 and briefed Board members on the Trust’s Prevent activity, including work with Greater Manchester Police on a national Prevent pilot and the numbers of referrals to Channel Panels. She concluded by highlighting training activity during the period and the changes to the Trust’s training programme.</p> <p>Rupert Nichols welcomed the positive and comprehensive report. The Board of Directors noted the Annual Safeguarding Report for 2015/16, including the completion of the 2015/16 objectives and the agreed objectives for 2016/17.</p>	Noted
260/16	<p>Community Mental Health Patient Survey 2016 – Published Results</p> <p>Neil Thwaite provided an overview of the Trust’s Community Mental Health Patient Survey results for 2016. He advised that the Trust had received the</p>	Noted

	<p>highest score in England in relation to overall experience, which was a fantastic achievement. He also advised that the Trust scored 'better' than other organisations in 13 areas, with no responses in the 'worse' category.</p> <p>Recognising the need for sustaining improvements, Neil Thwaite drew the Board's attention to the focus for action planning within the District services. He advised that the survey report is based on the national sample size, whereas the Trust surveys an extended sample to enable more targeted action planning. He confirmed that plans will be monitored by members of the Executive Management Team (EMT) via the Directorate Management Board (DMB).</p> <p>Neil Thwaite confirmed that the results of MMHSC's patient survey will be reviewed and incorporated into GMW's action plan post-acquisition.</p> <p>Rupert Nichols requested that formal thanks be passed onto staff for the achievement. Gill Green reflected on the results in the context of the major change programme undertaken in district community mental health services over the last few years.</p> <p>Anthony Bell, Non-Executive Director, questioned whether the survey results were as expected and if they were consistent with feedback received via other mechanisms outlined by Neil Thwaite. Using the crisis care section as an example, Gill Green advised that the results reflected the position at the time the survey was undertaken. She noted that the Trust's 24/7 out of hours helpline had been launched only three months prior to the survey and that the Trust is expecting an improved response in future years.</p> <p>Julie Jarman, Non-Executive Director, highlighted the Trust's results in the 'Support and Wellbeing' category and acknowledged that the focus groups would be considering, in particular, how services can better help patients find work and seek help. She suggested that lessons could be learned from the Trust's Working Well Services in this area.</p> <p>The Board noted the contents of the Survey Report.</p>	<p><i>Action: NT</i></p>
<p>261/16</p>	<p>Board Performance Report (September 2016)</p> <p>Neil Thwaite presented the Board Performance Report for September 2016 and confirmed that the Trust's overall position continues to be positive. He highlighted the achievement of both IAPT access targets and the sickness target in month. He confirmed that the Trust was on track to deliver its agreed CQUIN schemes.</p> <p>Neil Thwaite advised that reporting against the new Single Oversight Framework would commence from October 2016 report onwards. He noted that a number of data definitions are yet to be published but every effort would be made to ascertain the Trust's position against the new metrics. He confirmed that, as at</p>	<p>Noted</p>

	<p>Month 7, a rating of 2 is being achieved by the Trust.</p> <p>Malcolm Cowen, Non-Executive Director, praised the improving sickness absence position. He advised that he had received positive feedback on the new Occupational Health service during a recent service visit, which may have contributed towards the improvement.</p> <p>Julie Jarman commended the improved performance of the Salford Early Intervention in Psychosis service against target. She challenged the Executive Directors on the performance of the Military Veterans IAPT service during the year to date. Neil Thwaite advised that a service review is planned to understand the challenges and deliver improvements.</p> <p>Kathy Doran sought further understanding on the reducing demand for secure young people’s services. Gill Green referenced the reduction in Young Offenders Institutes as a potential contributing factor, but assured Board members that the Trust had established good relationships with Wetherby following the changes to Hindley. She also advised that the National Offenders Management Service (NOMS) has linked changes in sentencing guidelines to the reduced demand. She confirmed that the Trust is not unique in its position. In response to a further query from Kathy Doran, Gill Green described the Trust’s criminal justice liaison services and in-reach provision into two secure children’s homes. Neil Thwaite expressed concern that if the current downward trend continues, this may present a risk to the organisation.</p> <p>Rupert Nichols challenged the figures presented in the agency spend summary, noting the difficulties in reconciling the reduction in agency expenditure with static bank costs. Ismail Hafeji, Director of Finance, Capital and IM&T, confirmed that he would review this position.</p> <p>Rupert Nichols also expressed concern with regard to the trends in serious untoward incidents, incidents of violence and aggression and use of rapid tranquilisation. He advised that the Quality Governance Committee would be commissioning a separate project on this in the New Year, with a view to mitigating any risks and providing more robust assurance. Neil Thwaite advised that the Benchmarking Club have recently published a report covering these areas and it be may be beneficial to factor this into the review. Kathy Doran challenged the inclusion of incidents that are outwith the Trust’s responsibility in the data. Gill Green agreed that this was a matter for further discussion.</p> <p>The Board noted the Board Performance Report for September 2016.</p>	<p><i>Action: IH</i></p>
<p>262/16</p>	<p>Quality Governance Committee:</p> <ul style="list-style-type: none"> • Committee Chair’s Report – 3rd November 2016 • Ratified Minutes of the Meeting held 1st September 2016 	<p>Noted</p>

	<p>Terry McDonnell, Non-Executive Director, briefed the Board of Directors on the key developments discussed at the most recent Quality Governance Committee meeting.</p> <p>The Board of Directors noted the Chair's Report and the minutes of the meeting held on 1st September 2016.</p>	
<p>263/16</p>	<p>Reducing Agency Expenditure</p> <p>Andrew Maloney, Director of HR and Corporate Services, presented an update on the Trust's approach to reducing agency expenditure and the additional improvement actions required by NHSI from October 2016 onwards. He noted the added challenge of MMHSC's agency expenditure ceiling from January 2017 onwards and the need to ensure the Trust has the right systems and processes in place.</p> <p>Andrew Maloney summarised NHSI's additional improvement actions and reporting requirements, highlighting the need for the Board of Directors to complete and submit a self-certification checklist by 30th November 2016. He drew the Board's attention to regional benchmarking data and confirmed that contact had been made with Cheshire and Wirral Partnership NHS Foundation Trust to understand their approach. He noted that the Trust's highest area of agency expenditure relates to medical staff, which is comparable to the wider North West position, and also provided an update on progress made to reduce expenditure in a number of areas. He concluded by advising that a framework for the management of agency expenditure will be developed by 1st December 2016 and that work is underway to ensure that Manchester's systems for agency bookings align with GMW's post-acquisition.</p> <p>Anthony Bell challenged the plans to introduce a centralised agency booking system for all bookings from 1st December 2016, suggesting that this may introduce delays. Andrew Maloney assured Board members that no significant impact is expected. He advised that the Temporary Resourcing Team currently work effectively to tight deadlines and that the acquisition of MMHSC will create additional capacity to support this.</p> <p>Terry McDonnell opened a discussion on the benchmarking data and the performance of other North West providers. Margaret Campbell, Acting Medical Director, suggested that the pace and specialist nature of a Trust's business may make it difficult to recruit and therefore necessitate the use of agency staff. She confirmed that the Trust is aware of the location and position of any long-term medical locums.</p> <p>In response to a query from Julie Jarman, Andrew Maloney confirmed that agency price cap arrangements are in place and that procedures have to be followed to over-ride these. He noted that the Trust's reduction in agency expenditure may be linked, in part, to the caps and that the Trust has had a</p>	<p>Approved</p>

	<p>relatively low amount of over-rides. Board members noted the challenges complying with the caps can create in terms of attracting high quality agency staff and confirmed that safe staffing remains the Trust's key priority.</p> <p>Neil Thwaite questioned whether there was opportunity to proactively influence future agency expenditure targets. Andrew Maloney agreed to consider this in the context of the combined entity.</p> <p>Board members considered and approved the self-certification, subject to the inclusion of a reference to the impact of agency expenditure ceilings on quality. Andrew Maloney confirmed that MMHSC are responsible for completing their own self-certification but he will ask for sight of this.</p>	<p><i>Action: AM</i></p> <p><i>Action: AM</i></p>
264/16	Any Other Business	Noted
	There were no items of other business.	
265/16	Date and Time of Next Meeting	Noted
	Monday 12 th December 2016 at 1.00pm in Rooms 1 and 2, 1 st Floor, The Curve	
266/16	Resolution	Adopted
	<p>Kathy Doran moved the following resolution, which was approved by the Board:</p> <p>“That representatives of the press and other members of the public be excluded from the remainder of this meeting, having regard to the confidential nature of the business to be transacted”</p>	

Certified as a true record of the meeting

.....
Chair – Rupert Nichols

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Date

Action Log

Meeting	Minute No.	Item	Action	Agreed Timescale	Forecast Completion	Owner	Status
July-16	169/16	Service User Engagement Strategy 2016 to 2019	Service user engagement kite-mark scheme to be shared with the HSI once operational	31/12/2016		Gill Green, Director of Nursing and Operations	
July-16	173/16	Doctors in Training 2016 Contract Implementation	Update to be brought to Board on cost implications of new contract implementation	31/10/2016	30/01/2017	Andrew Maloney, Director of HR and Corporate Services	
Sept-16	206/16	Minutes of the Charitable Funds Committee Meeting held 25 th July 2016	Further mechanisms for promoting the Trust's Charitable Funds to be considered at the next Charitable Funds Committee meeting	28/11/2016	06/02/2017	Anthony Bell, Non-Executive Director	Deferred to 06/02/17 meeting
Oct-16		Postgraduate Medical Education Visit	Report findings to be published, including to support recruitment activities	12/12/2016		Andrew Maloney, Director of HR and Corporate Services/Margaret Campbell, Acting Medical Director	
Nov-16		Community Mental Health Patient Survey 2016	Formal thanks to be extended to staff on behalf of the Board of Directors for the positive survey results	31/12/2016		Neil Thwaite, Deputy CEO/Director of Development and Performance	
Nov-16		Board Performance Report	Ismail Hafeji to review and reconcile the agency spend summary figures presented in the Board Performance Report	12/12/2016		Ismail Hafeji, Director of Finance, Capital and IM&T	

Meeting	Minute No.	Item	Action	Agreed Timescale	Forecast Completion	Owner	Status
Nov-16		Reducing Agency Expenditure	Consideration to be given to future agency expenditure targets for the combined entity and opportunities to influence	31/03/2017		Andrew Maloney, Director of HR and Corporate Services	
			Reference to the impact of agency expenditure ceilings on quality to be included in the self-certification prior to submission to NHSI	30/11/2016		Andrew Maloney, Director of HR and Corporate Services	

Work in progress, not yet due	
Completed on time	
Incomplete and overdue	

Board of Directors – Part 1

TITLE OF REPORT:	Chair and Chief Executive Verbal Update
DATE OF MEETING:	12 th December 2016
AGENDA ITEM:	06
PRESENTED BY:	Rupert Nichols, Chair Bev Humphrey, Chief Executive
AUTHOR(S):	As above

EXECUTIVE SUMMARY:	06.01 Name of Combined Entity – To Note 06.02 Appointment of Vice Chair – To Note 06.03 Appointment of Senior Independent Director – To Approve
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LINKS TO OTHER KEY REPORTS/DECISIONS:	Operational Plan, Values into Action, Strategic Plan, Quality Account
LEGAL/REGULATORY IMPLICATIONS:	Compliance with NHSI targets, CQC standards and contractual KPIs

THIS REPORT SUPPORTS ACHIEVEMENT OF THE FOLLOWING CORPORATE OBJECTIVES:			
Objective 1 – Promote recovery by providing high quality care and delivering excellent outcomes	x	Objective 4 – Invest in our environments	
Objective 2 – Work with service users and carers to achieve their goals		Objective 5 – Enable staff to reach their potential and innovate	x
Objective 3 – Engage in effective partnership working		Objective 6 – Achieve financial strength and be well-governed	x

DOES THIS REPORT ADDRESS A RISK ON THE BOARD ASSURANCE FRAMEWORK (BAF)?		Yes
If 'yes': N/A		
DATIX ID	Strategic Objective	Description (as per BAF)
1490	Achieve sustainable financial strength and be well governed	Risk of failure to meet national and/or local targets and standards which may impact on patient care, Trust ratings and could lead to financial penalties and/or intervention from regulators.

RECOMMENDATIONS:	To Note and Approve
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Board of Directors – Part 1

TITLE OF REPORT:	Board Performance Report
DATE OF MEETING:	12 th December 2016
AGENDA ITEM:	07
PRESENTED BY:	Neil Thwaite, Deputy Chief Executive, Director of Business and Service Development
AUTHOR(S):	Neil Thwaite, Deputy Chief Executive, Director of Business and Service Development

EXECUTIVE SUMMARY:	The Board is asked to receive and note a verbal update on the Performance Report
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LINKS TO OTHER KEY REPORTS/DECISIONS:	Previous Board Performance Reports Operational Plan, Values into Action, Strategic Plan, Quality Account
LEGAL/REGULATORY IMPLICATIONS:	Compliance with Monitor targets, CQC standards and contractual KPIs

THIS REPORT SUPPORTS ACHIEVEMENT OF THE FOLLOWING CORPORATE OBJECTIVES:			
Objective 1 – Promote recovery by providing high quality care and delivering excellent outcomes	x	Objective 4 – Invest in our environments	
Objective 2 – Work with service users and carers to achieve their goals		Objective 5 – Enable staff to reach their potential and innovate	x
Objective 3 – Engage in effective partnership working		Objective 6 – Achieve financial strength and be well-governed	x

DOES THIS REPORT ADDRESS A RISK ON THE BOARD ASSURANCE FRAMEWORK (BAF)?		Yes
If 'yes': N/A		
DATIX ID	Strategic Objective	Description (as per BAF)
1490	Achieve sustainable financial strength and be well governed	Risk of failure to meet national and/or local targets and standards which may impact on patient care, Trust ratings and could lead to financial penalties and/or intervention from regulators.

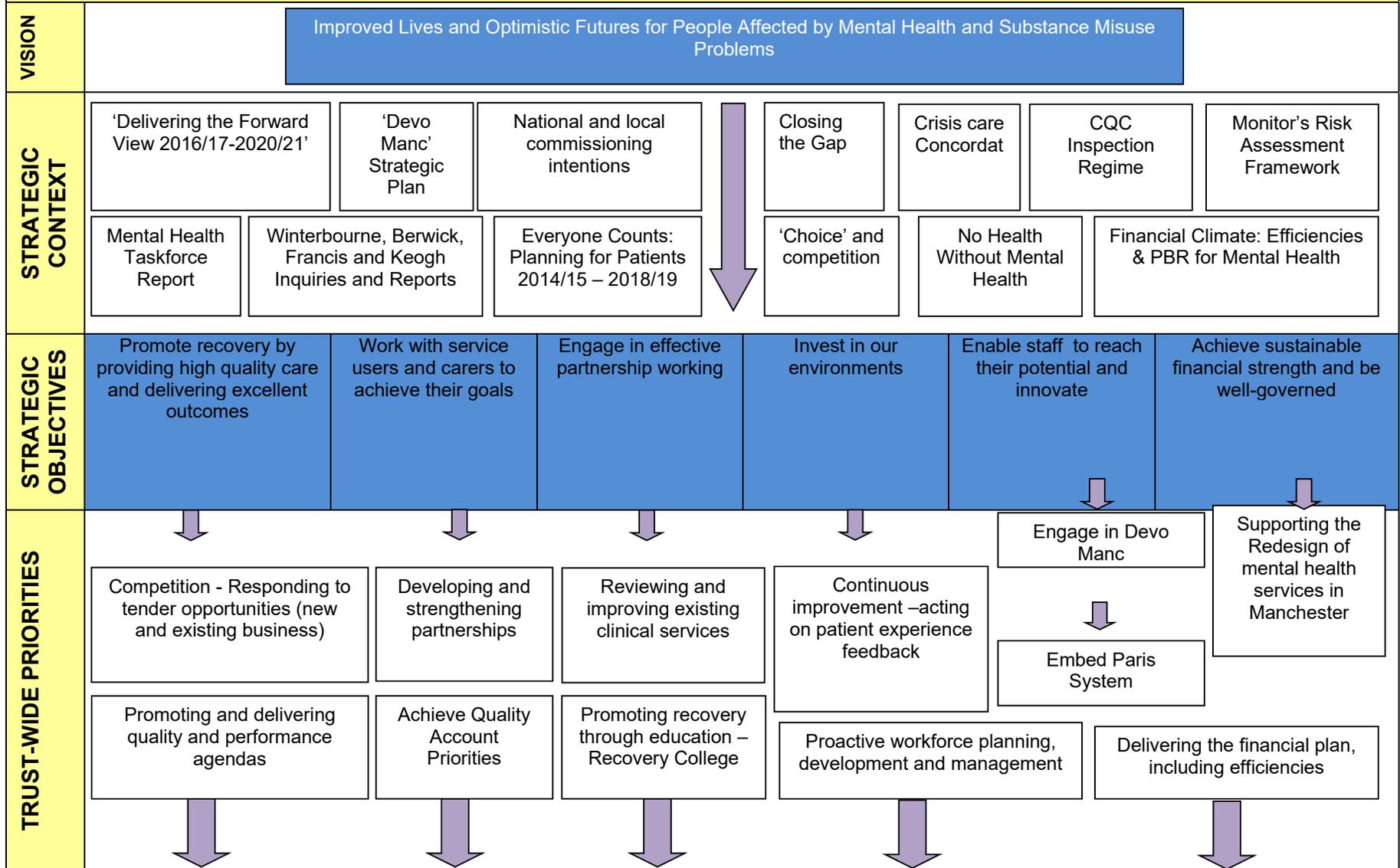
RECOMMENDATIONS:	To Note
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**Greater Manchester West Mental Health
NHS Foundation Trust**

**Board Assurance Framework
2016 - 17**

Private and Confidential

OPERATIONAL PLAN – KEY PRIORITIES FOR 2016/17



CLINICAL SERVICE DEVELOPMENT PRIORITIES

DISTRICT NETWORK	<ul style="list-style-type: none"> • Introducing new expanded teams to achieve the new Early Intervention targets – more than 50% of people seen within two weeks and offered NICE approved packages • Improving the psychological therapies offer by taking the lead provider role for Bolton and developing the Working Well Talking Therapies service across Greater Manchester • Improving access to psychological therapies – achieving 75% 6 week and 95% 18 week maximum wait targets • Open Braeburn House, a new 28 bedded male recovery service, and work with commissioners across Bolton, Salford, Trafford and Manchester to develop Rehab and Recovery Services to return out of area placements and further improve pathways • Support the implementation of the Salford Integrated Care Organisation • Capital project to improve in patient and community properties in Bolton • Implement the lead provider RAID model at South Manchester A&E • Continue to develop better pathways and closer working relationships with GP's, Substance Misuse Services, Housing and CAMHS • Further Development of Woodlands as a centre of excellence for MATs and Older Adults
SPECIALIST SERVICES NETWORK	<ul style="list-style-type: none"> • Implement capital projects including a new bedroom suite at Gardener Unit and expansion of Junction 17 • To respond to tenders for Lancashire prisons, Bolton SMS, CAMHS and adult secure services (may also be some tenders to retain other contracts in SMS) • Implement the new mental health service at HMP Risley and HMP Thorn Cross • Opening of 4th Ward at Recovery First • Use expertise to reduce restrictive practice across services • Continue to develop pathways and closer working relationships with district and specialist services across Greater Manchester • Extended the provision of Tier 4 inpatient detoxification services to meet the contracting requirements for St Helens and Knowsley • Central Lancashire Substance Misuse Service service re-design

Board Assurance Framework December 2016

Executive Summary:

The following document sets out the key strategic risks that have been identified which could affect the delivery of the Trust’s key strategic objectives and priorities. The diagram on the previous page sets out the Trust’s priorities for 2016/17 and an assessment of risks against the delivery of these six strategic objectives forms the structure of this document.

For each strategic objective, specific risks to delivery have been identified along with the control measures that have been established to manage them. Each risk is then graded using the following methodology:

		Consequences:				
		Insignificant	Minor	Moderate	Major	Catastrophic
Likelihood:		1	2	3	4	5
Certain	5	5x1 = 5 M	5x2 = 10 H	5x3 = 15 E	5x4 = 20 E	5x5 = 25 E
Likely	4	4x1 = 4 M	4x2 = 8 H	4x3 = 12 H	4x4 = 16 E	4x5 = 20 E
Possible	3	3x1 = 3 L	3x2 = 6 M	3x3 = 9 H	3x4 = 12 H	3x5 = 15 E
Unlikely	2	2x1 = 2 L	2x2 = 4 M	2x3 = 6 M	2x4 = 8 H	2x5 = 10 H
Rare	1	1x1 = 1 L	1x2 = 2 L	1x3 = 3 L	1x4 = 4 M	1x5 = 5 M

Risk Score	Risk Rating
1 – 3	Low Risk
4 – 7	Moderate Risk
8 – 12	High Risk
15 - 25	Extreme Risk

* 12 or over = significant risk
 = Risk Tolerance level

A list of assurances relied upon to provide evidence that the controls are effective is identified against each of the risks with any gaps in controls and assurances being highlighted.

The risks that have been identified are based on a collective assessment by the Trust Board of the operating environment. They are also informed by the identification of risks at Directorate level which are managed via the Directorate risk registers and reviewed at the Risk Management Committee. Key Directorate risks are reviewed by the relevant Director and are escalated to the Board Assurance Framework where it is agreed they could significantly impact upon the delivery of strategic objectives.

A revised Board Assurance Framework reflecting the new combined organisation will be presented to the Trust Board in January 2017.

A summary of the key strategic risks identified in the following report are:-

DATIX ID	Title	Risk level (current)	Risk Subtype	Opened	Risk Treatment Status	Next Review Date
2363	Devolution Greater Manchester	Extreme 15	Board Level Risks	03/12/2015	Reduce	31/12/2016
2189	Mental Health Services in Manchester	Extreme 15	Board Level Risks	16/01/2015	Reduce	31/12/2016
2252	Safe Staffing Levels	High 12	Board Level Risks	17/09/2015	Reduce	31/12/2016
2128	Implementation of PARIS	High 8	Board Level Risks	19/06/2014	Close	30/09/2016
773	Sickness Absence	High 12	Board Level Risks	19/09/2013	Reduce	31/12/2016
1804	Mandatory Training	High 12	Board Level Risks	19/09/2013	Reduce	31/12/2016
1490	Compliance with targets	High 12	Board Level Risks	01/04/2011	Reduce	31/12/2016
2521	CAMHS Review	High 12	Board Level Risks	06/05/2016	Reduce	31/12/2016
2572	Agency staff costs	High 12	Board Level Risks	15/09/2016	Reduce	31/12/2016

DATA ID	Exec Lead	Description	Initial Risk	Controls (Likelihood x Consequence) = Risk Level	Gaps in controls	Assurance	Gaps in assurance	Current Risk	Action ID	Action Required	Progress	Action Due	Target Risk	Treatment Status	Review Due
Principal objectives: OBJ 1 - Promote recovery by providing high quality care and delivering excellent outcomes															
2252	Gill Green	Safe staffing levels - risk that unless staffing levels are defined and resourced to an appropriate level the Trust is unable to provide safe and effective inpatient care.	Extreme Risk 16 (4x4)	- Staffing levels defined via shift system review. - Review of levels undertaken and benchmarked nationally. - Investment agreed in ward staffing by Trust Board in April 2015. - Monitoring of fill rates via Trust Board. - Ward staffing investment implemented.	- National and regional supply shortages of professional staff.	- Exec Lead - Director of Operations and Nursing. - Board paper and minutes April 2015. - Board Performance Report. - Board Paper December 2015. - Directorate Workforce Plans 2016/17.	N/A	High Risk 12 (3x3)	11521	- Detailed recruitment activity plan agreed for 2016. - Board paper and minutes April 2015. - Board Performance Report. - Board Paper December 2015. - Directorate Workforce Plans 2016/17.	Activity plan being implemented.	31/12/2016	High Risk 9 (3x3)	Reduce	31/12/2016
2521	Gill Green	Address the concerns identified during the CQC inspection regarding the CAMHS service to ensure safe and effective care is being delivered.	Extreme Risk 15 (3x4)	- Mitigating actions agreed and implemented during inspection. - Actions agreed and implemented post inspection. - Terms of Reference agreed for review of service. - External CAMHS and OD support to review.	- Actions are being implemented and require time to embed.	- Exec Lead - Director of Operations and Nursing. - Letters to CQC from Trust setting out actions to be taken. - Terms of Reference agreed at EMT with key objectives and timescales. - Assurance update provided to CQC - September 2016.	- Completion and embedding of actions.	High Risk 12 (3x4)	12559	- Final agreed model and strategy to be presented to Trust Board - January 2017.	Steering Group leading the implementation of the review. Plan on track.	31/12/2016	High Risk 8 (2x4)	Reduce	31/12/2016
Principal objectives: OBJ 2 - Work with service users and carers to achieve their goals															
2128	Ismail Hafeji	Risk of failure to implement the new PARIS clinical information system effectively which may impact upon clinical safety and delivery.	Extreme Risk 16 (4x4)	- Board Approved Business Case. - Implementation overseen by Project Board. - Resources agreed and committed. - Director level engagement in Project Board inc clinicians. - Post implementation resources agreed.	- Gaps in knowledge of system at frontline require further support and development.	- Exec Lead - Director of Finance. - Project Board minutes and progress to EMT for assurance. - Update paper to Trust Board in July 2015 - Post implementation paper to Board November 2015. - Paris Project Board sign off - September 2016.	- Evidence that staff are competent in the utilisation of the system.	High Risk 8 (2x4)	9956	- PARIS Management Group to have ongoing oversight.	Ongoing.	30/11/2016	High Risk 8 (2x4)	Close	30/11/2016
Principal objectives: OBJ 5 - Enable staff to reach their potential and innovate															
773	Andrew Maloney	Higher than planned sickness absence rates lead to impact on clinical delivery and higher bank and agency costs.	Extreme Risk 15 (3x4)	- Sickness Management - Directorate sickness absence reports - monthly. - Designated HR officer and Health and Wellbeing Lead support to Directorates. - Training on absence management for line managers. - New Occupational Health and Counselling Service support for staff. - Monthly monitoring and assurance meetings with Directorates. - Deep dive action plan in place.	N/A	- Exec Lead Director of HR and Corporate Services. - Monthly meetings with Directorates. - Workforce Development Committee minutes. - Monthly Board Performance Report. - Trust Board paper - February 2015. - Deep Dive Action Plan - July 2015. - MIAA audit report - significant assurance. - Trust Board paper - January 2016.	N/A	High Risk 12 (3x4)	10791	- Embed actions implemented via deep dive action plan.	Actions implemented require ongoing support.	31/12/2016	Moderate Risk 6 (3x2)	Reduce	31/12/2016
1804	Andrew Maloney	Lower than agreed compliance with mandatory training leads to risk that staff are not adequately trained.	Extreme Risk 15 (3x3)	- Induction and Mandatory Training Policy. - Directorate Lead monitoring via monthly reports at WDC and DMB. - Adequate classroom and e-learning provision in place. - Establishments have resources built in to enable release of staff. - Requirement to attend mandatory training a requirement for annual pay progression. - Ward level data provided monthly. - New web based elearning portal implemented.	- Lower than adequate compliance levels for certain services and bank staff.	- Exec Lead Director of HR and Corporate Services. - Workforce Development Committee minutes. - Directorate Management Board minutes. - Compliance reports. - Monthly Board Performance Report. - MIAA Audit Report - Limited Assurance.	- Not all services above the 85% target standard.	High Risk 12 (4x3)	9138	- Continued monitoring and performance Management of Directorates via Workforce Development Committee to reach 85%.	On-going monitoring being undertaken.	31/12/2016	Moderate Risk 6 (3x2)	Reduce	31/12/2016
Principal objectives: OBJ 6 - Achieve sustainable financial strength and be well-governed															
1490	Gill Green	Risk of failure to meet national and/or local targets and standards which may impact on patient care, Trust ratings and could lead to financial penalties and or intervention from regulators.	Extreme Risk 16 (4x4)	- Board performance reports. - Directorate Performance Reports. - Data Quality Reports and operating guidance. - Directorate Management Board. - Performance measures meetings. - Contract meetings - Quality accounts priorities are monitored via the Quality Governance Committee. - Plan agreed to deliver new IAPT targets at Board. - Plan agreed to deliver EI targets at Board.	N/A	- Exec Lead Director of Development and Performance / Director of Operations and Nursing. - Directorate Management Board and Trust Board minutes. - Executive Management Team minutes. - MIAA assurance report on data integrity of performance report. - KPMG Quality Account Opinion 15/16. - Operational Plan 16/17 - IAPT Board Paper November 2015. - EI Board Paper January 2015.	N/A	High Risk 12 (3x4)	11856	- Plan to deliver targets on track - continued implementation.	Ongoing.	31/12/2016	High Risk 8 (2x4)	Reduce	31/12/2016
2189	Bev Humphrey	Future delivery of Mental Health Services currently provided by MMHST. GMW identified as preferred acquirer - risks to operational, financial and clinical performance inherent in acquisition process.	Extreme Risk 20 (4x5)	- Contingency plan in place to back fill roles and project team resourced. - Intelligence gathering undertaken on current services provided by MMHST. - Governors and Board engaged and benefits realisation identified. - Detailed program structure in place. - Bid document - FBC approved by Trust Board. - Program Risk log.	- Financial, organisational and clinical risks identified. - Actions in place to mitigate with some requiring completion.	- Exec Lead - Chief Executive - Trust Board paper and minutes. - Trust Board briefing paper - July 2015. - Trust Board papers - Feb 2016 to Nov 2016. - Independent Auditors Report. - NHSI Green Risk Rating.	- Due diligence process and Independent Auditors Report identify risks that require mitigation.	Extreme Risk 15 (3x3)	12560	- Transition plan actions require implementation. - Post Transition Implementation Plan agreed - requires implementation.	Actions in progress	31/12/2017	High Risk 12 (3x4)	Reduce	31/12/2017
2363	Bev Humphrey	Devolution Greater Manchester and local integration programs - the current process of devolution presents opportunities for expansion for the trust across GM along with risks related to service configuration at a local level e.g. Development of Salford ICO.	Extreme Risk 20 (4x5)	- CEO, Chair and Exec Director involved in governance arrangements across GM. - CEO involvement in shaping MH strategy for GM and specialist commissioning arrangements. - Salford ICO business case and exec involvement in development. - Subcontract for GMW in Salford ICO. - ICO Governance proposals.	- Controls related to mitigation of risks identified in business case require time to embed.	- Exec Lead - Chief Executive - Trust Board paper and minutes i.e. Salford ICO - December 2015. - Trust Board paper April 2016. - Trust Board paper May 2016.	- Further assurance required regarding the future shape of integration in Bolton, Trafford and Manchester.	Extreme Risk 15 (3x5)	11855	- Exec Director involvement in local development and divisions.	Ongoing.	31/12/2016	High Risk 12 (3x4)	Reduce	31/12/2016
2572	Andrew Maloney	Risk that staff agency costs are not controlled and kept within the limit set by NHSI.	Extreme Risk 16 (4x4)	- Agency mitigation action plan agreed at June 16 Trust Board. - Agency staff procured via approved frameworks. - Escalation process in place to authorise breaches of capped rates. - Recruitment Strategy - 2016. - Controls and protocol agreed - Nov 2017 Trust Board.	- National staff supply shortages result in increased need for agency staff.	- Exec Lead - Director of HR & Corporate Services. - Trust Board paper June 16. - Board Performance Report.	- Current agency spend above NHSI.	High Risk 12 (3x4)	11855	- Implementation of actions agreed at June 2016 and Nov 2016 Board.	Actions on track.	31/12/2016	High Risk 8 (2x4)	Reduce	31/12/2016

Board of Directors – Part 1

TITLE OF REPORT:	Board Assurance Framework
DATE OF MEETING:	12 th December 2016
AGENDA ITEM:	08
PRESENTED BY:	Andrew Maloney, Director of HR and Corporate Services
AUTHOR(S):	Andrew Maloney, Director of HR and Corporate Services

EXECUTIVE SUMMARY:	The Board Assurance Framework has been revised and updated to reflect the key risks facing the Trust Board in the delivery of its strategic objectives.
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LINKS TO OTHER KEY REPORTS/DECISIONS:	The key reports that link to the strategic risks in the Board Assurance Framework are identified in the Controls and Assurance columns in the report.
LEGAL/REGULATORY IMPLICATIONS:	The Board Assurance Framework is a key assurance document relevant to the Trust’s ongoing compliance regime with its two external regulators, NHSI and the CQC.

THIS REPORT SUPPORTS ACHIEVEMENT OF THE FOLLOWING CORPORATE OBJECTIVES:			
Objective 1 – Promote recovery by providing high quality care and delivering excellent outcomes	x	Objective 4 – Invest in our environments	x
Objective 2 – Work with service users and carers to achieve their goals	x	Objective 5 – Enable staff to reach their potential and innovate	x
Objective 3 – Engage in effective partnership working	x	Objective 6 – Achieve financial strength and be well-governed	x

DOES THIS REPORT ADDRESS A RISK ON THE BOARD ASSURANCE FRAMEWORK (BAF)?	No	
If ‘yes’:		
DATIX ID	Strategic Objective	Description (as per BAF)

RECOMMENDATIONS:	<p>Board members are asked to review the risks and determine whether they are an accurate representation of the risks to the delivery of the trust’s strategic objectives.</p> <p>Board members are also asked to determine whether the target risk score once achieved can be withstood.</p>
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DATA ID	Opened	Exec Lead	Description	Initial Risk (Likelihood x Consequence) = Risk Level	Controls	Gaps in controls	Assurance	Gaps in assurance	Current Risk	Action ID	Action Required	Progress	Action Due	Treatment Status	Review Due	
Principal objectives: OBJ 1 - Promote recovery by providing high quality care and delivering excellent outcomes																
2522	17/09/2015	Gill Green	Safe staffing levels - risk that unless staffing levels are defined and resourced to an appropriate level the Trust is unable to provide safe and effective inpatient care.	Extreme Risk 16 (4x4)	- Staffing levels defined via shift system review. - Review of levels undertaken and benchmarked nationally. - Investment agreed in ward staffing by Trust Board in April 2015. - Monitoring of fill rates via Trust Board. - Ward staffing investment implemented.	- National and regional supply shortages of professional staff.	- Exec Lead - Director of Operations and Nursing. - Board paper and minutes April 2015. - Board Performance Report. - Board Paper December 2015. - Directorate Workforce Plans 2016/17.	N/A	High Risk 12 (4x3)	11521	- Detailed recruitment activity plan agreed for 2016.	Activity plan being implemented.	31/12/2016	High Risk 8 (3x3)	Reduce	31/12/2016
2521	06/15/2016	Gill Green	Address the concerns identified during the CQC inspection regarding the CAMHS service to ensure safe and effective care is being delivered.	Extreme Risk 16 (4x4)	- Mitigation actions agreed and implemented during inspection. - Actions agreed and implemented post inspection. - Terms of Reference agreed for review of service. - External CAMHS and OD support to review.	- Actions are being implemented and require time to embed.	- Exec Lead - Director of Operations and Nursing. - Letters to CQC from Trust setting out actions to be taken. - Terms of Reference agreed at EMT with key objectives and timescales. - Assurance update provided to QGC - September 2016.	Completion and embedding of actions.	High Risk 12 (3x4)	12559	- Final agreed model and strategy to be presented to Trust Board - January 2017.	Steering Group leading the implementation of the review. Plan on track.	31/12/2016	High Risk 8 (2x4)	Reduce	31/12/2016
Principal objectives: OBJ 2 - Work with service users and carers to achieve their goals																
2128	20/06/2014	Ismail Hafeji	Risk of failure to implement the new PARIS clinical information system effectively which may impact upon clinical safety and delivery.	Extreme Risk 16 (4x4)	- Board Approved Business Case. - Implementation overseen by Project Board. - Resources agreed and committed. - Director level engagement in Project Board inc clinicians. - Post implementation resources agreed.	- Gaps in knowledge of system at frontline require further support and development.	- Exec Lead - Director of Finance. - Project Board minutes and progress to EMT for assurance. - Update paper to Trust Board in July 2015 - Post implementation paper to Board November 2015. - Paris Project Board sign off - September 2016.	- Evidence that staff are competent in the utilisation of the system.	High Risk 8 (2x4)	9956	- PARIS Management Group to have ongoing oversight.	Ongoing.	30/11/2016	High Risk 8 (2x4)	Close	30/11/2016
Principal objectives: OBJ 5 - Enable staff to reach their potential and innovate																
773	01/09/2008	Andrew Maloney	Higher than planned sickness absence rates lead to impact on clinical delivery and higher bank and agency costs.	Extreme Risk 16 (4x4)	- Sickness Management - Directorate sickness absence reports - monthly. - Designated HR officer and Health and Wellbeing Lead support to Directorates. - Training on absence management for line managers. - New Occupational Health and Counselling Service support for staff. - Monthly monitoring and assurance meetings with Directorates. - Deep dive action plan in place.	N/A	- Exec Lead Director of HR and Corporate Services. - Monthly meetings with Directorates. - HR Director meetings with Heads of Operations. - Monthly Board Performance Report. - Trust Board paper - February 2015. - Deep Dive Action Plan - July 2015. - MIAA audit report - significant assurance. - Trust Board paper - January 2016.	N/A	High Risk 12 (3x4)	10791	Embed actions implemented via deep dive action plan.	Actions implemented require ongoing support.	31/12/2016	Moderate Risk 6 (3x2)	Reduce	31/12/2016
1804	22/05/2012	Andrew Maloney	Lower than agreed compliance with mandatory training leads to risk that staff are not adequately trained.	Extreme Risk 15 (3x3)	- Induction and Mandatory Training Policy. - Directorate Lead monitoring via monthly reports at WDC and DMB. - Adequate classroom and e-learning provision in place. - Establishments have resources built in to enable release of staff. - Requirement to attend mandatory training a requirement for annual pay progression. - Ward level data provided monthly. - New web based elearning portal implemented.	- Lower than adequate compliance levels for certain services and bank staff.	- Exec Lead Director of HR and Corporate Services. - Workforce Development Committee minutes. - Directorate Management Board minutes. - Compliance reports. - Monthly Board Performance Report. - MIAA Audit Report - Limited Assurance.	- Not all services above the 85% target standard.	High Risk 12 (4x3)	9138	- Continued monitoring and performance Management of Directorates via Workforce Development Committee to reach 85%.	On-going monitoring being undertaken.	31/12/2016	Moderate Risk 6 (3x2)	Reduce	31/12/2016
Principal objectives: OBJ 6 - Achieve sustainable financial strength and be well-governed																
1490	01/04/2011	Gill Green	Risk of failure to meet national and/or local targets and standards which may impact on patient care, Trust ratings and could lead to financial penalties and or intervention from regulators.	Extreme Risk 16 (4x4)	- Board performance reports. - Directorate Performance Reports. - Data Quality Reports and operating guidance. - Directorate Management Board. - Performance measures meetings. - Contract meetings - Quality accounts priorities are monitored via the Quality Governance Committee. - Plan agreed to deliver new IAPT targets at Board. - Plan agreed to deliver EI targets at Board.	N/A	- Exec Lead Director of Development and Performance / Director of Operations and Nursing. - Directorate Management Board and Trust Board minutes. - Executive Management Team minutes. - MIAA assurance report on data integrity of performance report. - KPMG Quality Account Opinion 15/16. - Operational Plan 16/17 - IAPT Board Paper November 2015. - EI Board Paper January 2015.	N/A	High Risk 12 (3x4)	11856	- Plan to deliver targets on track - continued implementation.	Ongoing.	31/12/2016	High Risk 8 (2x4)	Reduce	31/12/2016
2189	16/01/2015	Bev Humphrey	Future delivery of Mental Health Services currently provided by MMHSCT. GMW identified as preferred acquirer - risks to operational, financial and clinical performance inherent in acquisition process.	Extreme Risk 20 (4x5)	- Contingency plan in place to back fill roles and project team resourced. - Intelligence gathering undertaken on current services provided by MMHSCT. - Governors and Board engaged and benefits realisation identified. - Detailed program structure in place. - Bid document - FBC approved by Trust Board. - Program Risk log.	- Financial, organisational and clinical risks identified. - Actions in place to mitigate with some requiring completion.	- Exec Lead - Chief Executive - Trust Board paper and minutes. - Trust Board briefing paper - July 2015. - Trust Board papers - Feb 2016 to Nov 2016. - Independent Auditors Report. - NHS Green Risk Rating.	Due diligence process and independent Auditors Report identify risks that require mitigation.	Extreme Risk 15 (3x5)	12560	- Transition plan actions require implementation. - Post Transition Implementation Plan agreed - requires implementation.	Actions in progress	31/12/2017	High Risk 12 (3x4)	Reduce	31/12/2017
2363	08/12/2015	Bev Humphrey	Devolution Greater Manchester and local integration programs - the current process of devolution presents opportunities for expansion for the trust across GM along with risks related to service configuration at a local level e.g. Development of Salford ICO.	Extreme Risk 20 (4x5)	- CEO, Chair and Exec Director involved in governance arrangements across GM. - CEO involvement in shaping MH strategy for GM and specialist commissioning arrangements. - Salford ICO business case and exec involvement in development. - Subcontract for GMW in Salford ICO. - ICO Governance proposals.	- Controls related to mitigation of risks identified in business case require time to embed.	- Exec Lead - Chief Executive - Trust Board paper and minutes i.e. Salford ICO - December 2015. - Trust Board paper April 2016. - Trust Board paper May 2016.	- Further assurance required regarding the future shape of integration in Bolton, Trafford and Manchester.	Extreme Risk 15 (3x5)	11855	- Exec Director involvement in local development and divisions.	Ongoing.	31/12/2016	High Risk 12 (3x4)	Reduce	31/12/2016
2572	15/09/2016	Andrew Maloney	Risk that staff agency costs are not controlled and kept within the limit set by NHSI.	Extreme Risk 15 (3x4)	- Agency mitigation action plan agreed at June 16 Trust Board. - Agency staff procured via approved frameworks. - Escalation process in place to authorise breaches of capped rates. - Recruitment Strategy - 2016. - Controls and protocol agreed - Nov 2017 Trust Board.	- National staff supply shortages result in increased need for agency staff.	- Exec Lead - Director of HR & Corporate Services. - Trust Board paper June 16. - Board Performance Report.	- Current agency spend above NHSI.	High Risk 12 (3x4)	11855	- Implementation of actions agreed at June 2016 and Nov 2016 Board.	Actions on track.	31/12/2016	High Risk 8 (2x4)	Reduce	31/12/2016

Board of Directors – Part 1

TITLE OF REPORT:	Mental Health Act 1983: Scheme of Delegation
DATE OF MEETING:	12 th December 2016
AGENDA ITEM:	09
PRESENTED BY:	Gill Green, Director of Nursing and Operations
AUTHOR(S):	Richard Backhouse, Deputy Director Integrated Governance, Mental Health

EXECUTIVE SUMMARY:	<p>The Mental Health Act 1983 as amended by the Mental Health Act 2007 allocates responsibility for a number of functions to “the hospital managers”. For an NHS foundation trust “the hospital managers” means the trust itself, ie the trust board. The Act allows for most of these functions to be undertaken on behalf of the trust board by nominated officers of the trust. In respect of the hospital managers’ power under section 23 to discharge unrestricted detained patients and patients on community treatment orders, the Act allows the trust board to arrange for this power to be exercised on its behalf by a “managers’ panel” consisting of three or more people who are not officers of the trust and are appointed for the purpose.</p> <p>The Mental Health Act 1983 Code of Practice Chapter 37 requires that the arrangements for who is authorised to perform which functions should be set out in a scheme of delegation which should be approved by a resolution of the trust board.</p>
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LINKS TO OTHER KEY REPORTS/DECISIONS:	Mental Health Act policies
LEGAL/REGULATORY IMPLICATIONS:	Will ensure Mental Health Act functions within Greater Manchester Mental Health NHS Foundation Trust are performed by designated staff who are authorised to do so.

THIS REPORT SUPPORTS ACHIEVEMENT OF THE FOLLOWING CORPORATE OBJECTIVES:			
Objective 1 – Promote recovery by providing high quality care and delivering excellent outcomes	X	Objective 4 – Invest in our environments	
Objective 2 – Work with service users and carers to achieve their goals		Objective 5 – Enable staff to reach their potential and innovate	
Objective 3 – Engage in effective partnership working		Objective 6 – Achieve financial strength and be well-governed	

DOES THIS REPORT ADDRESS A RISK ON THE BOARD ASSURANCE FRAMEWORK (BAF)?	No
If ‘yes’:	
DATIX ID	Strategic Objective
	Description (as per BAF)

RECOMMENDATIONS:	To approve by resolution of the Board
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Greater Manchester Mental Health NHS Foundation Trust Mental Health Act 1983: Scheme of Delegation

Background

The Mental Health Act 1983 as amended by the Mental Health Act 2007 allocates responsibility for a number of functions to “the hospital managers”. For an NHS foundation trust “the hospital managers” means the trust itself, ie the trust board. The Act allows for most of these functions to be undertaken on behalf of the trust board by nominated officers of the trust. In respect of the hospital managers’ power under section 23 to discharge unrestricted detained patients and patients on community treatment orders, the Act allows the trust board to arrange for this power to be exercised on its behalf by a “managers’ panel” consisting of three or more people who are not officers of the trust and are appointed for the purpose.

The Mental Health Act 1983 Code of Practice Chapter 37 requires that the arrangements for who is authorised to perform which functions should be set out in a scheme of delegation which should be approved by a resolution of the trust board.

Implementation

The authorised persons will undertake the functions in accordance with the relevant guidance as set out in the following:

- Mental Health Act 1983 Code of Practice
- The Mental Health (Hospital, Guardianship and Treatment) (England) Regulations 2008
- Reference Guide to the Mental Health Act 1983
- Trust Mental Health Act policies

Monitoring and Review

The performance of the of all hospital managers’ functions will be subject to monitoring and review by the Mental Health Act and Mental Capacity Act Compliance Committee as a sub-committee of the Quality Governance Committee.

Scheme of Delegation

Person(s) shown in bold = person(s) with responsibility to ensure function is carried out

Person(s) shown in normal font = other person(s) authorised to carry out the function

Function	References: Mental Health Act 1983 (MHA) Mental Health Act 1983:Code of Practice (CoP) The Mental Health (Hospital, Guardianship and Consent to Treatment) (England) Regulations 2008 (Regs) Reference Guide to the Mental Health Act 1883 (Ref)	Person(s) authorised to perform function
Receipt of admission documents and recording of time and date of admission	CoP: 35.4-35.13 Regs: 4(3) Ref: 8.87,9.6-9.9	Ward manager/nurse in charge of admission ward (Band 6 or above) MHA administrator (Band 4 or above)
Scrutiny of admission documents	CoP: 35.4-35.13 Regs 4(3)	MHA administrator (Band 4 or above)
Rectification of correctible errors in admission documents	MHA: s15 CoP: Chapter 35 Ref: 31.22-31.28	The author of the correctible error
Scrutiny of medical recommendations	CoP: 35.12	Consultant psychiatrist

Function	References	Person(s) authorised to perform function
Receipt and scrutiny of community treatment order documents	CoP: 35.16 Regs 4(3)	MHA administrator (Band 4 or above)
Receipt of renewal of detention documentation	Regs 13(3)	MHA administrator (Band 4 or above)
Audit of receipt and scrutiny of documents	CoP: 35.18-35.20	Clinical Audit Manager
Requests to local social services authorities for social circumstances reports re. applications for admission by nearest relatives	CoP: 37.13 Ref: 9.25-9.26	MHA administrator (Band 4 or above)
Authorisation of transfer of unrestricted detained patients	MHA s23 CoP: 37.16-37.27 Ref: 10.7-10.12	Responsible clinician
Authorisation of transfer of unrestricted detained patients into guardianship	MHA s7 CoP: 37.28-37.29 Regs 7 (1)-(6) Ref: 10.8	Responsible clinician
Authorisation of transfer of patients recalled from community treatment orders	CoP: 37.30 Regs 9 (1)-(7) Ref: 26.46-26.55	Responsible Clinician

Function	References	Person(s) authorised to perform function
Reassignment of responsibility for patients on community treatment orders	Code of Practice: 37.31 Regs 17 (1)-(7) Ref: 26.126-26.133	Responsible clinician
Provision of information to detained patients and patients on community treatment orders and patients recalled from community treatment orders, including information about independent mental health advocacy	MHA: s132 Code of Practice: 4.9-4.26, 37.32-37.33 Ref: 9.10-9.16, 9.20, 26.44-26.45	Ward manager/nurse in charge of ward (Band 6 or above) Approved clinician Approved mental health professional Qualified social worker Qualified nurse
Assisting detained and community treatment order patients to request a hospital managers' hearing or an MHT hearing	Code of Practice 4.22-4.24	Ward manager/nurse in charge of ward (Band 6 or above) Responsible clinician Approved clinician Approved mental health professional Qualified social worker Qualified nurse
Provision of information to nearest relatives of detained patients and patients on community treatment orders	MHA: s133 CoP: 37.32, 4.31-4.36 Ref: 9.17-9.19	Approved Mental Health Professional Responsible clinician Approved clinician Qualified social worker Qualified nurse

Function	References	Person(s) authorised to perform function
Informing nearest relative of discharge of patient from detention or a community treatment order	CoP: 4.33 Ref: 27.22-27.24, 26.122	Responsible clinician
Exercise of hospital managers' power of discharge in relation to unrestricted detained patients and patients on community treatment orders	MHA: s23 CoP: Chapter 38 Ref: 27.6-27.9, 26.116-26.117	Retained MHA hospital managers
Duties under the Domestic Crimes and Victims Act 2004 in relation to unrestricted Part 3 patients who have committed sexual or violent crimes	CoP: 37.34 Ref: 32.1-32.5	Responsible clinician Approved clinician Approved mental health professional Qualified social worker Qualified nurse
Withholding of outgoing mail from detained patients	MHA: s134(7) CoP: 37.37 Regs: 29 (1)-(4) Ref: 5.1-5.8	Responsible clinician
Referral of detained patients and patients on community treatment orders to MHT	MHA: s68 CoP: 37.39 Ref: 6.42-6.54, 26.28-26.29	MHA administrator (Band 4 or above)

Function	References	Person(s) authorised to perform function
Ensuring availability of consultees for SOAD visits	CoP: 25.49	Service director MHA administrator (Band 4 or above)
Development of policies required by the Code of Practice	CoP: various	Mental Health Act and Mental Capacity Act Compliance Committee
Approval of policies required by the Code of Practice	CoP: various	Quality Governance Committee
Maintenance of list of approved clinicians	CoP: 25.6	Medical director
Ensuring that under 18 year olds are admitted to suitable environments, and that in determining the suitability of those environments a person with CAMHS experience is consulted.	MHA s131A CoP: 19.92	Consultant/responsible clinician admitting the patient Doctor acting on behalf of the consultant/responsible clinician admitting the patient

Richard Backhouse
Deputy Director: Governance
December 2016

Board of Directors – Part 1

TITLE OF REPORT:	Board of Directors Workplan 2017
DATE OF MEETING:	12 th December 2016
AGENDA ITEM:	10
PRESENTED BY:	Kim Saville, Company Secretary
AUTHOR(S):	Kim Saville, Company Secretary

EXECUTIVE SUMMARY:	The attached workplan for the Board of Directors sets out a schedule of items for Board consideration during 2017. The workplan is informed by previous years' information flows to the Board, current understanding of statutory reporting requirements and other statutory Board duties. The workplan may be subject to change, and any significant changes will be brought to the Board of Directors' attention.
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LINKS TO OTHER KEY REPORTS/DECISIONS:	N/a
LEGAL/REGULATORY IMPLICATIONS:	N/a

THIS REPORT SUPPORTS ACHIEVEMENT OF THE FOLLOWING CORPORATE OBJECTIVES:			
Objective 1 – Promote recovery by providing high quality care and delivering excellent outcomes		Objective 4 – Invest in our environments	
Objective 2 – Work with service users and carers to achieve their goals		Objective 5 – Enable staff to reach their potential and innovate	
Objective 3 – Engage in effective partnership working		Objective 6 – Achieve financial strength and be well-governed	X

DOES THIS REPORT ADDRESS A RISK ON THE BOARD ASSURANCE FRAMEWORK (BAF)?	No	
If 'yes':		
DATIX ID	Strategic Objective	Description (as per BAF)

RECOMMENDATIONS:	The Board of Directors are asked to note the contents of the current draft Board of Directors workplan for 2017
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BOARD OF DIRECTORS WORKPLAN (JANUARY TO DECEMBER 2017)

Agenda Item	30 th January	27 th February*	27 th March	15 th May	26 th June	31 st July	25 th September	30 th October	27 th November	18 th December
Declarations of Interest	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Chair and Chief Executive Report	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
STRATEGY AND POLICY										
MMHSCT Acquisition – Post-Transaction Implementation Updates	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Operational Planning and Contracting Guidance								✓		
Draft Operational Plan									✓	
Final Operational Plan										✓
CAMHS Strategy	✓									
Competitive Tenders Briefing			✓			✓			✓	
Business Cases – <i>as required</i>										
Strategies and Policies – <i>as required</i>										
OPERATIONAL PERFORMANCE										
Board Performance Report	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Finance Report	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Commentary on the Monthly Financial Reporting Return	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Preparation of Annual Accounts (MHSC and Combined Entity):		✓								
<ul style="list-style-type: none"> • Going Concern • IFRS 8 Segmental Reporting • Non-consolidation of Charitable Funds 										
Annual Report and Accounts (MHSC and Combined Entity) – for approval				✓						
Annual Report & Quality Account Summary						✓				
Clinical Contracts and Performance Requirements			✓							
GOVERNANCE AND QUALITY										
Board Committee Terms of Reference	✓									
Standing Financial Instructions and Scheme of Reservation & Delegation	✓									
Register of Interests – Annual Review			✓							
Fit and Proper Persons Declaration			✓							
Board Assurance Framework	✓			✓			✓			✓
Annual Governance Statement (part of Annual Report)				✓						
Corporate Governance Statement (self-assessment)					✓					
New Council of Governors - Briefing				✓						
Quality Account (MHSC and Combined Entity) – approach to development		✓								
Quality Account (MHSC and Combined Entity) – for approval				✓						

Agenda Item	30 th January	27 th February*	27 th March	15 th May	26 th June	31 st July	25 th September	30 th October	27 th November	18 th December
Capital Programme Update		✓ Q3		✓ Q4		✓ Q1		✓ Q2		
Post-CQC Inspection Action Plan Update			✓							
Well-led Review – Planning								✓ TBC		
PIR Summary (as presented to QGC)	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Community Mental Health Survey									✓	
Annual Fire Safety Board Assurance Report					✓					
EPRR Core Standards Self-Assessment							✓			
Medical Revalidation and Appraisal Annual Report					✓					
Infection Prevention Annual Report						✓				
Safeguarding Annual Report										✓
Complaints Annual Report						✓				
HR & ORGANISATIONAL DEVELOPMENT										
Staff Survey			✓							
Board of Directors – Appraisal Process		✓								
Board of Directors – Evaluation				✓						
Doctors in Training Contract – Cost Implications	✓									
COMMITTEE REPORTS/MINUTES										
Transaction and Transformation Committee Minutes (unratified)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Audit Committee Minutes (unratified)	✓	✓		✓	✓	✓	✓			
Audit Committee Chair's Report		✓		✓	✓	✓	✓			✓
Audit Committee Annual Report (part of Annual Report)				✓						
Quality Governance Committee Minutes (ratified)	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Quality Governance Committee Chair's Report	✓	✓	✓	✓	✓	✓		✓	✓	
Charitable Funds Committee Minutes (unratified)		✓				✓				✓
Remuneration & Terms of Service Committee Minutes (unratified)						✓				
PRESENTATION										
As per agreed programme	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
OTHER BUSINESS										
Annual Schedule of Meetings								✓		
Board Workplan									✓	
Board Effectiveness – Self-Assessment					✓					

* 27th February 2017 – Joint Board and Council of Governors Meeting (Part 1 Only)