

**PWYLLGOR DEDDFWRIAETH IECHYD MEDDWL
MENTAL HEALTH LEGISLATION COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	18 December 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	Revised Annual Report and Self-Assessment Process for 2023/24
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Joanne Wilson, Director of Corporate Governance/ Board Secretary on behalf of Iwan Thomas, Mental Health Legislation Committee Chair
SWYDDOG ADRODD: REPORTING OFFICER:	Charlotte Wilmshurst, Assistant Director of Assurance and Risk

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

The purpose of this report is to present to the Mental Health Legislation Committee (MHLC) the revised process to assess the Committee's effectiveness and for annual reporting to Board, in order to consider any amendments or omissions and to ensure it remains fit for purpose.

Cefndir / Background

In line with Section 10.2.1 of Standing Orders, the Board is required to introduce a process of regular and rigorous self-assessment and evaluation of its own operations and performance and that of its Committees and Advisory Groups. Section 10.2.2 also states that each Committee and, where appropriate, Advisory Group must also submit an annual report to the Board through the Chair within 6 weeks of the end of the reporting year setting out its activities during the year and including the review of its performance and that of any Sub-Committees it has established.

In line with all Board-level Committees' Terms of Reference, Members and In Attendance Members of MHLC are required to participate in a self-assessment process to consider the Committee's effectiveness in providing assurance to the Board throughout the preceding year, and also to consider their individual understanding of, role in and contribution to the Committee.

Asesiad / Assessment

A new approach to Committee self-assessment and annual reporting has been developed for 2023/24 and is intended to be proportionate, achievable and add value to the organisation's governance capability. It will provide an opportunity to reflect on the previous 12 months and consider areas that the Committee has helped to influence and/or drive improvements and learn from areas where Committee could have placed more focus.

The Committee Update Reports advise the Board of the business the Committee has undertaken at its meetings; therefore, the Annual Report should demonstrate to the Board the

difference the Committee has made over the preceding 12 months and enable the Board to use the information to inform:

- The ongoing development of its governance arrangements
- Its Board Development Programme
- The Board's report of its alignment with the Welsh Government's Citizen Centred Governance Principles

There is also an ambition to strengthen cross-committee collaboration, and progress towards this ambition will be overseen via this ongoing process of assessment.

Future Annual Reporting

The Annual Reports will reflect the views of all Members and support the Health Board to continuously learn and improve. They will:

- Detail at least 4 areas, aligned to the Health Board's priorities/planning objectives, which demonstrate that the Committee has made a positive difference in the preceding 12 months that will evidence that the organisation has a functioning assurance approach at committee level. For example, areas that the Committee has uncovered and/or shone a light on and where further work has been undertaken that has led to improvements; or areas where the Committee has advised the Board that the risk needs to be tolerated unless there is investment in that area.
- Incorporate reflection on areas which did not go as well. For example, with benefit of hindsight, what would the Committee have done differently or have placed more focus on.
- Give the Board the opportunity to consider and understand the value the Committee has added over the preceding 12 months, identify areas where the Committee could have increased its focus, identify areas which Committees need to work together on, etc.
- Move away from reflection as an annual retrospective, towards an ongoing reflexive process in which we capture learning throughout the year and take action accordingly, after each meeting during the 'Reflection' session, on what went well and why, what did not go as well and what are we going to do differently and use these to inform the annual report.

Future Committee Effectiveness Assessment Process

The future Committee Effectiveness Assessment process will link and inform committee annual reporting in a staggered approach over the year (mindful of the need to comply with Standing Orders), and will take the following format:

- All Committee membership and attendees (as per Terms of Reference) will be asked to complete a short digital form, using a rating scale to grade the Committee's effectiveness (e.g., on a scale of 1 to 5) and provide a short example to support their answer. This will include how it has worked with other Committees.
- Survey responses will be collated, along with feedback captured through the preceding 12 months from:
 - Committee Reflective Sessions (at end of meeting agenda)
 - Independent Member Debrief Sessions (which follow every meeting)
 - Changes to risks and outcome measures aligned to the Committee
 - Any Internal or External Auditor or other regulator feedback
- An outcome report which will:
 - Identify 4 areas where the Committee has added value (for the Committee Annual Report)

- Reflect on areas that the Committee could have done better (for the Committee Annual Report)
- Form the basis of work for the Committee (an action plan for the Committee) for the next 12 months.

The Committee Chairs' meeting discussed the new process on 18 May 2023 and the tools to support this approach have been developed and piloted through the Quality, Safety and Experience Committee, prior to being rolled out to other Committees.

In terms of the timelines for MHLC:

- Week-commencing 15/01/2024 - all Committee members and attendees (as per Terms of Reference) will be sent a short digital form to complete within 2 weeks. Survey responses will be collated, along with feedback captured through the preceding 12 months.
- The outcome report will be presented to MHLC on 26 March 2024.

Argymhelliad / Recommendation

The Mental Health Legislation Committee is requested to seek assurance from the refreshed approach to the Annual Report and Self-Assessment process for 2023/24.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	10.5 The Director of Corporate Governance/Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self assessment and evaluation of the Committee's performance and operation, including that of any sub-committees established
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	3. Effective 3. Effective
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	4. Learning, improvement and research
Amcanion Strategol y BIP: UHB Strategic Objectives:	2. Working together to be the best we can be
Amcanion Cynllunio Planning Objectives	Not Applicable

Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable
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Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	MHLC Self-Assessment Questionnaire MJLC Terms of Reference
Rhestr Termiau: Glossary of Terms:	Included within the body of the report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Deddfwriaeth Iechyd Meddwl: Parties / Committees consulted prior to Mental Health Legislation Committee:	Chair of MLCC Director of Corporate Governance/Board Secretary Committee Chairs

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Not Applicable
Ansawdd / Gofal Claf: Quality / Patient Care:	Not Applicable
Gweithlu: Workforce:	Not Applicable
Risg: Risk:	Not Applicable
Cyfreithiol: Legal:	Not Applicable
Enw Da: Reputational:	Not Applicable
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	Not Applicable