

Mental Health Legislation Committee

Terms of Reference

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Amendment Summary (changes highlighted in red):	<p>Section B Clarification that the Committee's role includes all mental health legislation, not just the Mental Health Act. References to Hospital Managers have been amended to read 'Associate Hospital Managers'.</p> <p>Section C Specific responsibilities now included for KPIs within the Committee Dashboard, Corporate Risk Register and analytical information. Reference to PCTs removed.</p> <p>Section E</p>

	<p>Membership has been reduced through appointment of one Hospital Manager (previously three) as a 12-month developmental role. Operational managers and the Mental Health Act Adviser removed but will continue to attend to present specific agenda items. Service user and carer roles refined.</p> <p>Section K Quorum has been changed to reflect reduced membership.</p> <p>Section L Committee papers are maintained through archive managed by Committee Support Officer.</p> <p>Section N See Section E on membership above.</p>
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Terms of Reference for the Mental Health Legislation Committee

A. Overall aim or purpose:

The Trust Board hereby resolves to establish a Committee of the Board to be known as the Mental Health Legislation Committee. The overall aim of the Committee is to monitor, review and report to the Board the adequacy of the Trust's processes to support the operation of mental health legislation.

B. Key objectives:

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

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

C. Specific areas of responsibility:

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

In particular the Committee shall review the adequacy of:

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

legislation;

- the process of appraisal of Associate Hospital Managers (through the Trust Chair and Chair of the Mental Health Legislation Committee);
- implementation and requirements of new and amended mental health legislation, establishing groups to undertake detailed implementation work as required;
- introduction, development, revocation and variation 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 (or Special Adviser) appointed by the Trust Board. A second Non Executive Director (or Special Adviser) shall be identified to act as Deputy to the Chair.

E. Members:

The membership of the Committee will consist of **two** Non-Executive Directors (which may include Special Advisers to the Board), one of whom will be Chair and one who will be Deputy Chair plus:

- Medical Director;
- Director of Nursing & Operations;
- **One** Associate Hospital Manager (Appointed by the Trust Board **each for a period of 12 months**);
- A Doctor appointed under Section 12;
- Professional Head of Social Work (or senior officer responsible for AMPS as deputy);
- **A DOLs/Best Interest Assessor or Practitioner;**
- Clinical Policies & Care Programme Approach Lead, (to act as Committee administrator);
- Approved Mental Health Professional Manager;
- A Service User **Development Worker**; and
- One Carer **support** representative.

NB The Chief Executive is invited / reserves the right to attend any meeting.

For the avoidance of doubt, BDCT employees who serve as members of a Board Committee do not do so to represent or advocate for their respective department or service area but to act in the interests of the Trust as a whole and as part of the Trust-wide governance structure.

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 (or Special Adviser). Administration of the meetings is undertaken through the Clinical Policies and Care Programme Approach Lead. Minutes and administration of the meeting are undertaken through the Clinical Policies 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 Clinical Policies and Care Programme Approach Lead.

K. Quorum:

A minimum of five members must be present to form a quorum, including one Non Executive Director (or Special Adviser) and one Executive Director.

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

Heads of Operations and the Mental Health Act Adviser will be required to attend Committee meetings to present regular 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 Clinical Policies 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 Act Forum;
- Mental Capacity Act and DOLS Leads;
- Mental Health Act Team; and
- **Risk Assurance Group.**