

## Mental Health Legislation Committee

### Terms of Reference

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<b>Amendment Summary:</b>	
See below.	

Section	Detail
<b>E</b>	<p>Reference to Deputy Chief Executive removed; doctor 'appointed' changed to doctor 'approved'.</p> <p>Membership Update: Mental Health Act Advisor required to attend for the whole meeting. Remove Trust Secretary, add Deputy Trust Secretary Add Deputy Director, Mental Health Acute and Community Services (including CAMHS)</p> <p>Amended: A Service User and/or Carer Representative, identified and supported by the Patient Experience and Involvement Team</p>

## **Terms of Reference for the Mental Health Legislation Committee**

### **A. Overall aim or purpose:**

The overall aim of the Committee is to monitor, review and report to the Board the adequacy of the Trust's processes to support the operation of mental health legislation.

### **B. Key objectives:**

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

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

### **C. Specific areas of responsibility:**

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

In particular the Committee shall review the adequacy of:

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

and appropriate training to support their duties under mental health legislation;

- the process of recruitment, induction, appraisal and development of Associate Hospital Managers (through the Trust Chair and Chair of the Mental Health Legislation Committee);
- implementation and requirements of any new and amended mental health legislation, establishing groups to undertake detailed implementation work as required;
- introduction, development, revocation and ratification of Trust policies and procedures in relation to mental health legislation, developed where appropriate with partner agencies;
- the provision of adequate guidance, information, education and training on mental health legislation to staff, service users, carers and other stakeholders;
- joint working arrangements around the use of mental health legislation with partner agencies, notably including local authorities, other NHS commissioners and providers, and the police.

#### **D. Chair:**

The Mental Health Legislation Committee shall be chaired by a Non-Executive Director appointed by the Trust Board. A second Non-Executive Director shall be identified to act as Deputy to the Chair.

#### **E. Members:**

The membership of the Committee will consist of the Medical Director, Director of Nursing and three Non-Executive Directors (NEDs). One NED will be Chair and one will be Deputy Chair. The Chief Executive and Chair are invited / reserve the right to attend any meeting.

In addition, the following attendance is expected:

#### ***In attendance for whole of meeting***

- Deputy Trust Secretary
- Deputy Director, Specialist In patient Services (representing all in-patient areas)
- Deputy Director, Mental Health Acute and Community Services (including CAMHS)
- One Associate Hospital Manager
- A Doctor approved under Section 12 of the Mental Health Act (1983)
- Mental Capacity Act and DOLS Clinical Lead
- Mental Health Legislation and Care Programme Approach Lead (to act as Committee administrator)
- Mental Health Act Advisor
- Approved Mental Health Professional Manager
- A Service User and/or Carer Representative, identified and supported by the

Patient Experience and Involvement Team (currently vacant)

***In attendance for specific updates from sub-groups:***

- A DOLS/Best Interest Assessor or Practitioner

**F. Accountable to:**

The Mental Health Legislation Committee is accountable to the Board. The minutes of the Mental Health Legislation Committee shall be formally recorded and submitted to the Trust Board. In addition, minutes of the Mental Health Legislation Committee will be submitted to the Audit Committee for information.

**G. Accountable for:**

There are no formal lines of accountability between the Mental Health Legislation Committee and other Trust Committees. The Mental Health Legislation Committee interacts with other Trust Committees through cross attendance.

**H. Roles**

The role of the Chair is undertaken via a nominated Non-Executive Director. Minutes and administration of the meeting are undertaken through the Mental Health Legislation and Care Programme Approach Lead and Trust Secretary.

**I. Frequency of Meetings:**

Meetings will be held on a quarterly basis. There will be further meetings if required by the Committee or Trust Board.

**J. Frequency of Attendance:**

All Committee members will be expected to attend at least three meetings a year. Attendance will be monitored by the Trust Secretary/Mental Health Legislation and Care Programme Approach Lead.

**K. Quorum:**

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

**L. Record Keeping:**

Archives of minutes and papers relating to the Mental Health Legislation Committee are maintained by the Committee Support Officer.

**M. Lifespan of meeting:**

The Mental Health Legislation Committee is a standing committee of the Trust Board. It will continue to meet in accordance with these terms of reference until the Trust Board determines otherwise.

## **N. Other matters: attendance**

Deputy Directors, Heads of Service, Medical and Professional Leads will be required to attend Committee meetings to present agenda items as required by the Committee. Other Trust Directors, Managers and Clinicians will be required to attend to address specific issues as they arise. The Committee may choose to invite external organisations and individuals to present issues and reports from time to time.

## **O. Monitoring arrangements**

All elements of the Mental Health Legislation Committee Terms of Reference will be monitored annually by the Mental Health Legislation and Care Programme Approach Lead and reported to the Trust Board through the Annual Mental Health Legislation Report.

The following groups/services will report into the Mental Health Legislation Committee:

- Associate Hospital Managers Group;
- Mental Health Legislation Forum;
- Mental Capacity Act and DOLS Leads meeting