

Mental Health Legislation Committee

Terms of Reference 2022-23

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Approved by:	Mental Health Legislation Committee
Ratified by:	Board of Directors
Date approved:	
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Job title of author:	Mental Health Legislation and Care Programme Approach Lead, and Interim Corporate Business Manager
Job title of responsible Director:	Non-Executive Director and Chair of the Mental Health Legislation Committee
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Frequency of review:	Annual
Amendment Summary:	
<ul style="list-style-type: none"> • Change of Executive Lead for Committee to Medical Director from joint leads between Medical Director and Chief Operating Officer. (Section 2) • Addition of section relating to Executive and Non-Executive Director posts being filled on an interim basis and they will be Committee members for the duration of their interim post (Section 2) • Minor change to title of Corporate Business Manager (losing reference to interim status) • Change to Committee Secretariat support from Executive Support Team to Corporate Governance Team (Section 4) • Reference to receiving updates from Positive & Proactive Steering Group and Associate Hospital Managers Group added under Section 7 • Change to Chair agreeing agenda with the Medical Director rather than the Chief Operating Officer (Section 8) 	

1 Name of Committee

Mental Health Legislation Committee.

2 Composition of the Mental Health Legislation Committee

Members: full rights

Title	Role in the group / committee
Non-Executive Director	Committee Chair
Non-Executive Director	Additional Non-Executive member
Non-Executive Director	Additional Non-Executive member
Medical Director	Executive lead for medics Committee . Assurance and escalation provider to the Mental Health Legislation Committee.
Chief Operating Officer	Executive lead with day-to-day responsibility for operational delivery of services. Assurance and escalation provider to the Mental Health Legislation Committee.
Chair of the Trust	Additional non-executive member (attendance at meetings will be dependent on the agenda items being discussed).
Chief Executive	Accountable Officer (attendance at meetings will be dependent on the agenda items being discussed).

Any Executive and Non-Executive Director can attend a Board sub-committee meeting because of the position that they hold. When carrying out this duty they will assume full member rights.

There may be occasions where the Executive and Non-Executive Director posts have been filled on an interim basis. Where this arrangement is in place, the interim post holder will be considered a member of this group for the period they hold the interim position.

In addition, the following individuals will attend each meeting:

- General Manager, Mental Health Care Group
- Associate Hospital Manager
- A Doctor approved under Section 12 of the Mental Health Act (1983)
- Mental Capacity Act and DOLS Clinical Lead (Also a DOLS Best Interest practitioner)
- Mental Health Legislation and Care Programme Approach Lead
- Mental Health Act Advisor
- Approved Mental Health Professionals Manager
- **Interim Corporate Business Manager**
- Involvement Friends

Suggested additional attendees:

- Head of Nursing, Mental Health (Joint Chair of Positive & Proactive Steering Group)
- Head of Psychological Therapies (Joint Chair of Positive & Proactive Steering Group)

In addition to anyone listed above, the Chair of the Committee may also request individuals to attend on an ad-hoc basis to provide advice and support for specific items from its work plan when these are discussed in the meetings.

2.1 Governor Observers

The Committee welcomes and encourages governors to attend its meetings. The role of a Governor at Board sub-committee meetings is to observe the work of the Committee. The Governor observes Board sub-committee meetings in order to get a better understanding of the work of the Trust and to observe Non-Executive Directors appropriately challenging the Executive Directors for the operational performance of the Trust. At the meeting the Governor observer(s) will be required to declare any interest they may have in respect of any of the items to be discussed.

3 Quoracy

Number: The minimum number of members for a meeting to be quorate is three, two of whom must be Non-Executive directors. Attendees do not count towards quoracy. If the Chair is unable to attend the meeting, and if otherwise quorate, the meeting will be chaired by one of the other Non-Executive directors.

Deputies: Where appropriate members may nominate deputies to represent them at a meeting. Deputies do not count towards the calculation of whether the meeting is quorate except if the deputy is representing the member under formal “acting up” arrangements.

A schedule of deputies, attached at appendix 1a, should be reviewed at least annually to ensure adequate cover exists.

Non-quorate meeting: Non-quorate meetings may go ahead unless the Chair decides not to proceed. Any decisions made by the non-quorate meeting must be reviewed at the next quorate meeting.

4 Meetings of the Committee

Frequency: The Committee will meet at least six times a year.

Urgent meeting: Any member of the Committee may request an urgent meeting.

Minutes: The Committee Secretariat will be provided by the ~~Executive Support Team~~ **Corporate Governance Team**.

Assurance and Escalation Reporting: The Chair of the Committee will provide an update of key issues arising from the meeting to the next Board of Directors meeting.

Voting: It is at the discretion of the Chair of the meeting to call a vote during a meeting. When voting, decisions at meetings shall be determined by a majority of the votes of the Executive and Non-Executive Directors present and voting. In the case of any equality of votes, the person presiding shall have a second or casting vote.

5 Authority

Establishment: The Committee is a sub-committee of the Board of Directors and has been formally established by the Board.

Powers: Its powers, in addition to the powers vested in the executive members in their own right, are detailed in the Trust's Scheme of Delegation.

Cessation: The Committee is a standing Board sub-committee in that its responsibilities and purpose are not time limited. However, the Committee has a responsibility to review its effectiveness annually.

6 Role of the Committee

6.1 Purpose of the 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.

6.2 Guiding principles for members (and attendees) when carrying out the duties of the Committee

In carrying out their duties members and attendees of the Committee must ensure that they act in accordance with the values of the Trust, which are:

- we care
- we listen
- we deliver.

6.2 Duties of the Committee

The Committee's key objectives are to:

- monitor, review and report to the Board of Directors on all aspects of mental health legislation
- receive assurances against Care Quality Commission (CQC) inspection action plan and routine CQC related activity
- be assured that there are systems, structures and processes in place to support the operation of mental health legislation, within both inpatient and community settings and ensure compliance with associated codes of practice and recognised best practice

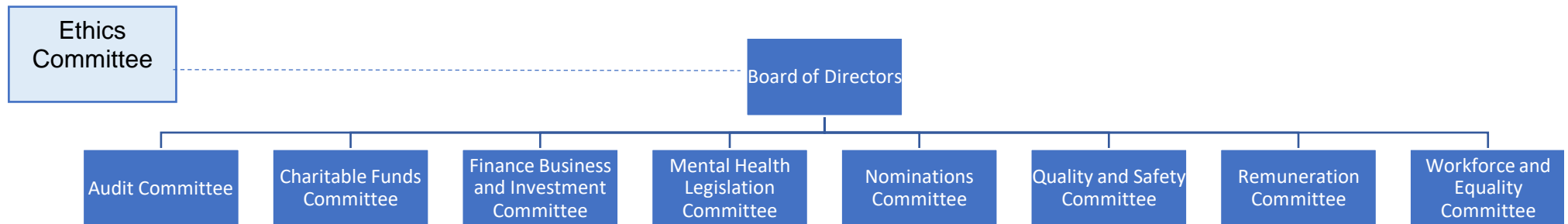
- be assured that our care and treatment in the Trust embraces the core values of current mental health legislation and protects service users and the community of which they are members
- be assured that the Trust has in place and utilises appropriate policies and procedures in relation to mental health legislation and to facilitate the publication, distribution and explanation of the same to all relevant staff, service users and manager
- 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
- to consider opportunities, challenges and requirements of our local place and regional health care systems and partnerships
- supporting the Trust's continuous improvement journey, both internal and external learning will be considered by the Committee. This will be within the remit as set out in the terms of reference and supporting work plan for the Committee who will be acting as an agent of the Board of Directors.

In particular the Committee shall review the adequacy of:

- the implementation and performance of operational arrangements in relation to mental health legislation through quarterly dashboard reporting of key performance indicators
- oversight of restrictive practices through the dashboard, exception reporting and a summary of actions taken by the Positive and Proactive Steering Group
- reports from inspecting authorities and the development of action plans in response to recommendations
- progress against any other action plans and any risks identified within the Corporate Risk Register relevant to mental health legislation
- analysis and information reports in relation to the use of the Mental Health Act and to make recommendations in response to findings
- the schedule of powers and responsibilities of the Associate Hospital Managers, including those powers and responsibilities delegated to officers of the Trust

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

7 Relationships with other groups and committees



The Committee does not have any sub-committees. It is linked to the Trust's operational groups (and in addition it receives updates from the Positive and Proactive Steering Group and the Associate Hospital Managers Group) as an assurance receiver and provides a route of escalation to the Board of Directors.

8 Duties of the Chair

The Chair of the Committee shall be responsible for:

- agreeing the agenda in partnership with the ~~Chief Operating Officer~~ **Medical Director**
- directing the meeting ensuring it operates in accordance with the Trust's values whilst ensuring all attendees have an opportunity to contribute to the discussion
- giving direction to the secretariat and checking the draft minutes
- ensuring the agenda is balanced and discussion is productive
- ensuring sufficient information is presented to the Board of Directors in respect of the work of the Committee.

9 Reviews of the terms of reference and effectiveness

The terms of reference shall be reviewed by the Committee at least annually and be presented to the Board of Directors for ratification.

It will be the responsibility of the Chair of the Committee to ensure that it carries out an assessment of effectiveness annually, and ensure the outcome is reported to the Board of Directors along with any remedial action to address weaknesses. The Chair will also be responsible for ensuring that the actions to address any areas of weakness are completed.

10 Schedule of Deputies

It may not be necessary or appropriate for all members (or attendees) to have a deputy attend in their absence. If this is the case please state below "no deputy required".

Full member (by job title)	Deputy (by job title)
Non-Executive Director Chair	Another Non-Executive Director
Non-Executive Director	Another Non-Executive Director
Non-Executive Director	Another Non-Executive Director
Chief Operating Officer	General Manager
Medical Director	Associate Medical Director

Attendee (by job title)	Deputy (by job title)
Interim Corporate Business Manager	Director of Corporate Affairs
General Manager – Mental Health Care Group	Assistant General Manager – Mental Health Care Group
Mental Health Legislation and Care Programme Approach Lead	Mental Capacity Act Lead Mental Health Act Advisor
Head of Nursing, Mental Health	Head of Psychological Therapies
Head of Psychological Therapies	Head of Nursing, Mental Health