



Mental Health Legislation Committee

Annual Report

2023/24

CONTENTS

Section	
1	Period covered by this report
2	Introduction
3	Terms of Reference for the Mental Health Legislation Committee
4	Meetings of the Mental Health Legislation Committee
5	Membership and attendance at meetings
6	Reports made to Trust Board
7	Work of the Mental Health Legislation Committee during 2023/24
8	Conclusion
Appendix 1	Annual Report of the Mental Health Act Managers
Appendix 2	Terms of Reference for the Mental Health Legislation Committee

1 PERIOD COVERED BY THIS REPORT

This report covers the work of the Mental Health Legislation Committee for the financial year 1 April 2023 to 31 March 2024.

2 INTRODUCTION

The Mental Health Legislation Committee (“the Committee”) is a sub-committee of the Board of Directors and provides assurance to the Board on compliance with all aspects of mental health legislation. This is a huge responsibility given that at any one time the Trust has around 295 people in its inpatient services who are detained under the Mental Health Act (MHA) 1983; 191 people who are living in the community on conditional discharge or subject to a legally binding Community Treatment Order (CTO) (this means that the Trust has power to readmit them to hospital if required); and five people who have been assessed as lacking capacity to make decisions about their care and are detained under Deprivation of Liberty Safeguards. When the Trust considers whether or not people should be detained (or sectioned) five guiding principles have to be applied:

- Least restrictive option and maximising independence
- Empowerment and involvement
- Respect and dignity
- Purpose and effectiveness (of potential detention)
- Efficiency and equity.

In addition, the Trust’s regulator, the Care Quality Commission (CQC) inspects the way in which the Trust administers the legislation via cyclical inspections and regular “spot checks”.

The Committee receives assurance through reports, both regular and bespoke, to ensure compliance is regularly monitored. This includes a report from the Mental Health Legislation Operational Steering Group which considers the practical issues staff face and how they are being resolved, reviews feedback from service users and CQC spot checks, and maintains and reviews the risk register. The Committee also receives feedback from the Mental Health Act Managers (MHAMs) about the way in which they are carrying out their role in reviewing detentions.

Membership of the Mental Health Legislation Committee is currently made up of two Non-executive Directors (NEDs) (including the Chair of the Committee), the Medical Director, and the Director of Nursing and Professions. Whilst only two Non-executive Directors are substantive members of the Committee, the other Non-executive Directors are invited to attend on an ad-hoc basis as and when they feel it appropriate, or to ensure quoracy. Further information about the membership of the Committee can be found in section 5 below.

3 TERMS OF REFERENCE

The Terms of Reference (ToR) were reviewed by the Committee on 7 November 2023. Amendments were made to standardise the contents of the Committee's ToR to reflect the contents of all other Board Sub-Committee ToRs across the Trust. This included adding the definitions of Non-executive Directors as defined by NHS England's Code of Governance for NHS Provider Trusts, adding details of the administrative duties and roles of the Corporate Governance Team for circulating papers, adding that the Committee is authorised to access independent professional advice where necessary with consultation from the Board of Directors as per guidance outlined in NHS England's Code of Governance for NHS Provider Trusts, and adding that the Committee has the duty to work in collaboration with other Board Sub-Committees. The ToR were ratified by the Board of Directors on 30 November 2023 and are attached for information at Appendix 2.

4 MEETINGS OF THE GROUP / COMMITTEE

In 2023/24 the Committee met formally on four occasions. All Committee meetings were held virtually. The dates on which the Committee met during the year are as follows:

- 2 May 2023
- 1 August 2023
- 7 November 2023
- 6 February 2024

5 MEMBERSHIP OF THE COMMITTEE AND ATTENDANCE AT MEETINGS

Membership of the Mental Health Legislation Committee is made up of two Non-executive Directors; the Director of Nursing and Professions; and the Medical Director.

The Committee is chaired by a Non-executive Director (NED) with the other NED member fulfilling the role of Deputy Chair. In 2023/24 Ms Kaneez Khan was the Chair of the Committee. The role of Deputy Chair of the Committee was filled by Mrs Merran McRae until she left the Committee in December 2023, at which point this role was fulfilled by Ms Katy Wilburn.

The table below shows attendance for members of the Committee for the period 1 April 2023 to 31 March 2024.

Attendance at Mental Health Legislation Committee meetings by members

Name	2 May 2023	1 August 2023	7 November 2023	6 February 2024
Substantive members				
Kaneez Khan (Non-executive Director)	✓	✓	✓	✓
Dr Chris Hosker (Medical Director)	✓	✓	✓	✓
Merran McRae (Non-executive Director)	✓	-	-	
Nichola Sanderson (Director of Nursing and Professions)		✓	✓	-
Katy Wilburn (Non-executive Director)				✓
Cathy Woffendin (Director of Nursing, Quality and Professions)	✓			

✓ Shows attendance

- Indicates those members who sent apologies during 2023/24

■ Indicates when a member was not eligible to attend the meeting.

6 REPORTS MADE TO THE TRUST BOARD

The Chair of the Mental Health Legislation Committee makes an assurance, escalation, and advisory report regarding the most recent meeting of the Committee to the next available Board of Directors' meeting. This report seeks to assure the Board on the main items discussed by the Committee, and should it be necessary, to escalate to the Board any matters of concern or urgent business which the Committee is unable to conclude. The Board may then decide to give direction to the Committee as to how the matter should be taken forward or it may agree that the Board deals with the matter itself.

The Board additionally receives the Mental Health Legislation Committee Annual Report

Where the Board wants greater assurance on any matters that are within the remit of the Terms of Reference of the Committee the Board may ask for these to be looked at in greater detail by the Committee. The table below outlines the dates that the assurance and escalation reports were presented by the Chair of the Mental Health Legislation Committee to the Board of Directors meetings.

Date of meeting	Assurance and escalation report to Board by Chair
2 May 2023	25 May 2023
1 August 2023	28 September 2023
7 November 2023	30 November 2023
6 February 2024	28 March 2024

7 THE WORK OF THE COMMITTEE DURING 2023/24

During 2023/24 the Chair of the Mental Health Legislation Committee confirmed that the Committee has fulfilled its role in accordance with the Terms of Reference.

In 2023/24 the Committee:

- Received assurance that the staff have been properly trained and supported. The Committee monitored mandatory Mental Health Legislation training compliance in colleagues in the Trust. It also received updates on the rollout of comprehensive and widespread Human Rights training in collaboration with the British Institute of Human Rights across the Trust, starting in October 2022 and concluding in 2023. This training aimed to embed Human Rights in the Trust’s approach, improving the Trust’s position in preparing for forthcoming legislative changes.
- Received assurance that the Trust has administered legislation appropriately:
 - In August 2023 the Committee received the Consent to Treatment Audit Report which reviewed the use of Section 62 urgent treatment powers used by the Trust. The Committee noted the issues identified and supported the recommendations suggested by the report. In February 2024 the Committee was assured that a trial of MHA alerts being provided on the Electronic Prescribing and Medicines Administration system through CareDirector had commenced.
 - In August 2023, the Committee received the Mental Health Act Section 5 (2) Audit report which assessed a pattern of patients being admitted to hospital on an informal basis and subsequently being detained using Section 5 powers. The Committee noted the issues identified by the report and supported the report’s recommendations.
 - At its May 2023 meeting the Committee committed to receive the Restrictive Interventions Annual Report (in addition to the Quality Committee) so that the Committee could be assured that work was being done to identify and address issues in this area. This report was received by the Committee at its February 2024 meeting. Further work will be conducted to determine which aspects of the report fall under the Committee’s and Quality Committee’s respective purview.
 - The Committee received quarterly Mental Health Legislation Activity reports at each of its meetings and was assured that the plans in place were sufficient to ensure ongoing compliance with all mental health legislation.

- Received assurance on the Trust's preparations for changes to mental health legislation:
 - In August 2023 the Committee received the Niche report which had been used by NHS England to create an improvement plan for Children and Young People's Mental Health Inpatient Services. The Committee was reassured on the arrangements in place at the Trust to monitor the safe use of restrictive interventions on service users.
 - In February 2024, the Committee discussed a legal precedent which had been established which determined that MHA assessments and CTO extensions which had been based on remote assessments were unlawful. The Committee noted that this had impacted a small number of service users at the Trust, and that the Trust was in the process of conducting a Duty of Candour process to address the impacted service users.

- Received assurance on the continued focus and drive on work to investigate and address issues around serial overrepresentation of service users from ethnic minority backgrounds in crisis and detention:
 - In May 2023, the Committee received the annual report from Synergi-Leeds, a project for addressing mental health inequalities experienced by minority ethnic groups for information and assurance.
 - In November 2023, the Committee received and noted the contents of the MHA Detention Report for 2022/23 which provided a statistical analysis of the detention rates of people using the Trust's services.
 - Throughout the year, the Committee monitored efforts to record MHA hearing outcomes in a way which also captured patient demographic data. In February 2024, the Committee heard that a solution had been developed in collaboration with the Digital Change Team which would enable this data to be recorded and included in existing reports received by the Committee.
 - At its February 2024 meeting, the Committee discussed the overrepresentation of minority ethnic groups in the CTO patient population. It noted that work was being conducted by the West Yorkshire Integrated Care Board to examine data for diverging health outcomes which may lead to the introduction of preventative health strategies. The Committee also highlighted innovative work being conducted to address this issue in other regions, such as the use of assertive outreach teams.

- Received reports on the challenges which had been identified by the Mental Health Act Managers (MHAMs) in carrying out their duties for the Trust.
 - The Committee discussed an issue highlighted at the MHAM Forum regarding the issue of the number of experienced MHAMs coming to the end of their terms in 2023/24. The Committee was reassured by the Mental Health Legislation Team that this pattern of recruitment and retention was normal and that the team foresaw no issues in maintaining current service provision. The Committee was apprised of efforts to recruit new MHAMs and extend the terms of current MHAMs with the Trust throughout the year.
 - The Committee noted the issue of the lack of Independent Mental Health Advocates (IMHAs) attending MHAM hearings. In February 2024 the Committee received a report which explored this issue and noted that no IMHA had attended a hearing in Q2 2023. It noted that improvements in recording service user's preferences on whether they wanted an IMHA to

attend their hearing had been made, and that this area would be reassessed in 2024/25 to more accurately determine whether this lack of representation was due to service user preferences or other factors. The Committee was reassured that service users had access to IMHA support in other inpatient settings, including pre and post MHAM hearings.

- Received assurance that the Mental Health Legislation Operational Steering Group was making excellent progress in ensuring meaningful service user representation and involvement.
- Monitored the rollout of the “Right Care, Right Person” operational model employed by local police forces and potential issues faced by the Trust in its implementation. At its November 2023 meeting, the Committee noted that Police Liaison Meetings had re-commenced which would provide the Trust the opportunity to co-operate with regional police services regarding this issue. At its February 2024 meeting, the Committee noted that a working group had been established at the Trust to monitor this issue further.

8 CONCLUSION

As a sub-committee of the Board of Directors, the Mental Health Legislation Committee has provided assurance to the Trust Board regarding compliance with all aspects of the Mental Health Act 1983 and subsequent amendments. It has also received assurance that the Trust has complied with all aspects of mental health legislation including the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards / Liberty Protection Safeguards. It carried out its work diligently; discussed issues openly and robustly; and kept the Board of Directors apprised of any possible issues or risks.

The Mental Health Legislation Committee has fulfilled its role as a Trust Board governance committee in accordance with its Terms of Reference. This enables the Trust Board to comment on the adequacy and effective operation of the organisation’s internal control systems and compliance with the law and regulations.

Despite considerable staffing and operational pressures during 2023/24, administration of the mental health legislation requirements has been continued effectively.

The Committee is extremely grateful to all those who have responded to its requests during the year and who have supported it in carrying out its duties, in particular members of the Mental Health Legislation Team for their hard work, flexibility, and commitment during this difficult time.

Kaneez Khan
Chair of the Mental Health Legislation Committee
April 2024

Kieran Betts
Corporate Governance Officer
April 2024

Appendix 1 MENTAL HEALTH ACT MANAGERS ANNUAL REPORT 1 April 2022- 31 March 2023

MENTAL HEALTH ACT MANAGERS

The role and remit of the Mental Health Act Managers

Mental Health Act Managers (MHAMs) are members of the public, appointed by the Board of Directors, together with non-executive directors who are able to act in this role. Their key responsibilities are to:

- Review the detention of service users who are either detained under the Mental Health Act or who have been placed on Community Treatment Orders (CTO)
- Discharge those service users who no longer meet the criteria to be detained or are subject to a CTO.

Providing assurance to the Mental Health Legislation Committee is the Mental Health Act Manager's Forum. The forum is chaired by a non-executive director and/or the lead Mental Health Act Manager to ensure a direct link to the Board of Directors in accordance with the Mental Health Act Code of Practice. This seeks to provide a forum for communication between the committee, the Mental Health Act Managers and the officers of the Trust. It provides a mechanism for assurance on, the robustness of arrangements in place for the Trust to meet its duties in respect of the Mental Health Act 1983.

In 2023/34, the Mental Health Act Managers Forum was chaired by Kaneez Khan, Non-executive Director, and Marilyn Bryan, Lead Mental Health Act Manager and Deputy Chair of the Forum. In June 2023 following the end of Marilyn Bryans tenure Viv Uttley was successfully appointed to the Deputy Chair Role. The Forum met four times on 20 April 2023, 18 October 2023, 18 January 2024. The Forum on 18 July 2023 was held in person with the opportunity to join via MS Team, all other meetings were held remotely via MS Teams.

Mental Health Act Managers who have served in 2023/24

We currently have 42 acting Mental Health Act Managers and the table below shows those people who have acted in this capacity during 2022/23. There have been a number of Mental Health Act Managers leave the panel during the reporting period due the end of their tenure (9 years), recruitment has also been completed to ensure there a sufficient number of panel members to meet legislative requirements.

Mental Health Act Managers during 2023/24

Mental Health Act Managers during the period 1 April 2023 to 31 March 2024		
Rebecca Casson	Sharon Borrett	Devon McCroakam
Graham Marton	Dianne Graham	Katherine Burdett
Shamaila Quershi	Naveed Riaz	Lorraine Comley
Harold Kolawole	Roger Grasby	Noel Devine
Gillian Nelson	John Devine	Dipak Patel
Susan Smith	Michael Hartlebury	Nicole Quelch

Paul Yeomans	Trevor Jones	Joseph Ramage
Nick Asiedu	Andrea Kirkbride	Juan Souto
Natasha Campbell	Alex (William) Sangster	Valerie Zwart
Laura Haggett	Viv Uttley	Geraldine Langan
Julie Horne	Wasim Khan	Masuma Begum
Angela Raby	Kathy Bayliss	Bethany Holden
Anne Rice	Maria Clark	Michelle Pearson
Abi Kolawole	Taner Altinay	

Leavers of the Mental Health Act Managers panel during the period 1 April 2023 to 31 March 2024		
Claire Turvill	Bernadette Addyman	Claire Morris
Marilyn Bryan	Janice Wilson	Ian Hughes
Debra Pearlman	Jeff Tee	Michael Yates
Aqila Choudhry	Amran Hussain	Nasar Ahmed
Nicola Swan	Thomas White	Helen Steele
Peter Jones		

Non-executive directors acting as Mental Health Act Managers during 2023/24

Non-executive directors also acting as Mental Health Act Managers during the period 1 April 2022 to 31 March 2023		
N/A		

We are appreciative of the time and commitment that Mental Health Act Managers and non-executive directors acting as Mental Health Act Managers have given this year. Once again, we wish to thank our Mental Health Act Managers for their dedication and the skill they apply when undertaking this vital role.

April 2024
Kaneez Khan
Chair of the Mental Health Legislation Committee

Appendix 2

Mental Health Legislation Committee

Terms of Reference

**Update approved by the Mental Health Legislation Committee on 1 November 2023.
Ratified by the Board of Director's on 30 November 2023**

1 NAME OF COMMITTEE

The name of this committee is the Mental Health Legislation Committee.

2 COMPOSITION OF THE COMMITTEE

The members of the committee and those who are required to attend are shown below together with their role in the operation of the committee.

Members: full rights

Title	Role in the committee
Non-executive Director	<p>Committee Chair and responsible for evaluating the assurance given and identifying if further consideration / action is needed.</p> <p>Non-executive directors provide constructive challenge and strategic guidance, and lead in holding the executive to account. In particular, non-executive directors should scrutinise the performance of the executive management in meeting agreed goals and objectives, receive adequate information and monitor the reporting of performance. They should satisfy themselves as to the integrity of clinical and other information, and make sure that clinical quality controls, and systems of risk management and governance, are robust and implemented.</p> <p>(Code of Governance for NHS Provider Trusts, NHS England 2022)</p>
Non-executive Director	<p>Deputy Chair and responsible for evaluating the assurance given and identifying if further consideration / action is needed.</p> <p>Non-executive directors provide constructive challenge and strategic guidance, and lead in</p>

	<p>holding the executive to account. In particular, non-executive directors should scrutinise the performance of the executive management in meeting agreed goals and objectives, receive adequate information and monitor the reporting of performance. They should satisfy themselves as to the integrity of clinical and other information, and make sure that clinical quality controls, and systems of risk management and governance, are robust and implemented.</p> <p>(Code of Governance for NHS Provider Trusts, NHS England 2022)</p>
Medical Director	Executive Director with MHL Knowledge
Director of Nursing and Professions	Executive Director with links to CQC

Attendees:

Title	Role in the committee	Attendance guide
Associate Medical Director for Mental Health Legislation	Advisory and technical expertise	Every meeting
Head of Service (Adult Social Care, Leeds)	Linkage to Local Authority	Every meeting
Head of Mental Health Legislation	Advisory and technical expertise	Every meeting
Deputy Chair of Mental Health Act Managers Forum	MHAM's perspective, experience, and concerns	Every meeting
Chair of the MHL Operational Steering Group	Linkage to Services, Chair of the MHL Operational Steering Group	Every Meeting
Associate Director for Corporate Governance	Linkage to Board and other sub-committees	As required

In addition to anyone listed above as a member, at the discretion of the chair of the committee, 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 role of the governor at Board sub-committee meetings is to observe the work of the Committee, rather than to be part of its work as they are not part of the formal membership 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 will be required to declare any interest they may have in respect of any of the items to be discussed (even-though they are not formally part for the discussion). Governors will receive an information pack prior to the meeting. This will consist of the agenda, the minutes of the previous meeting and summaries of the business to be discussed. Governor observers will be invited to the meeting by the Corporate Governance Team. The chair of the meeting should ensure that there is an opportunity for governor observers to raise any points of clarification at the end of the meeting.

2.2 Associate Non-executive Directors

Associate Non-executive Directors will be invited to attend Board Sub-committee meetings as part of their induction. They will attend the meeting in the capacity of observer only, unless invited to contribute (in exceptional circumstances) by the Chair. This is so the accountability of the substantive members of the committee is maintained.

Associate NEDs will be invited to meetings by the Corporate Governance Team and will be sent copies of the meeting papers.

3 QUORACY

Number: The minimum number of members for a meeting to be quorate is three and must include one Non-executive Director and the Medical Director. 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 the Deputy Chair.

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. In this case the deputy will be deemed a full member of the committee.

It may also be appropriate for attendees to nominate a deputy to attend in their absence.

A schedule of deputies, attached at appendix 1, 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.

Alternate chair: The unique character of Board sub-committees is that they are Non-executive Director chaired. The Mental Health Legislation Committee has two Non-executive Director members hence the role of the chair will automatically fall to the other Non-executive Director if the chair is unable to attend.

4 MEETINGS OF THE COMMITTEE

Meetings may be held face-to-face or remotely as is considered appropriate. Remote meetings may involve the use of the telephone and / or electronic conference facilities.

Frequency: The Mental Health Legislation Committee will normally meet every three months or as agreed by the Committee.

Urgent meeting: Any Committee member may request an urgent meeting. The chair will normally agree to call an urgent meeting to discuss the specific matter unless the opportunity exists to discuss the matter in a more expedient manner.

Administrative support: The Corporate Governance Team will provide secretariat support to the committee.

Minutes: Draft minutes will be sent to the Chair for review and approval within seven working dates of the meeting.

Papers: Papers for the meeting will be distributed electronically by the Corporate Governance Team five working days prior to the meeting. Papers received after this date will only be included if decided upon by the chair.

5 AUTHORITY

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

Powers: The MHL Committee's powers are detailed in the Trust's Scheme of Delegation. The Mental Health Legislation Committee has delegated authority to oversee the management and administration of the Mental Health Act 1983, the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards / Liberty Protection Safeguards. The Committee is authorised by the Board to investigate and seek assurance on any activity within its terms of reference. The Committee is authorised by the Board to approve the appointment, re-appointment and make decisions in respect of remuneration to the Trusts Mental Health Act Managers. The Board will be cited on any decisions taken in respect of Mental Health Act Managers via the Chair's report. The delegated powers will be reviewed by the Board at a minimum of three yearly intervals. In consultation with the Board of Directors, the committee is able to access independent professional advice and secure the

attendance of persons outside the Trust with relevant experience and expertise if it considers this necessary

Cessation: The MHL Committee is a standing committee in that its responsibilities and purpose are not time limited. However, the Committee has a responsibility to review its effectiveness annually and on the basis of this review and if agreed by a majority of members the Chair of the committee may seek Board authority to end the Mental Health Legislation Committee's operation.

In addition, the Trust should periodically review its governance structure for continuing effectiveness and as a result of such a review the Board may seek the winding up of the Mental Health Legislation Committee.

This committee was implemented as a part of the 2013 governance review.

6 ROLE OF THE COMMITTEE

6.1 Purpose of the Committee

Objective	How the committee will meet this objective
Governance and compliance	The MHL Committee provides assurance to the Board regarding compliance with all aspects of the Mental Health Act 1983 and subsequent amendments and on compliance with all aspects of mental health legislation including, but not limited to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards / Liberty Protection Safeguards.

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

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

- We have integrity
- We are caring
- We keep it simple.

6.3 Duties of the Committee

The MHL Committee has the following duties:

Mental Health Legislation

- The Committee will monitor and review the adequacy of the Trust's processes for administering the Mental Health Act 1983 and subsequent amendments and on compliance with all aspects of mental health legislation including the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards / Liberty Protection Safeguards.
- Formally submit an annual report on its activities and findings to the Board of Directors.
- Consider and make recommendations on other issues and concerns in order to ensure compliance with the relevant mental health legislation and to promote best practice by adherence to the codes of practice.
- Review the findings of other relevant reports functions, both internal and external to the organisation, and consider the implications for the governance of the organisation

Mental Health Act Managers' Forum

- The Mental Health Legislation Committee will ensure that the Mental Health Act Managers' Forum is supported to share experience, promote shared learning and raise concerns, where appropriate both amongst themselves and, with the Trust Board and management
- The Mental Health Legislation Committee will act as arbiter of any disputes in the work of Mental Health Act Managers arising either through the Mental Health Act Managers Forum or from individuals

Performance and Regulatory Compliance

- Will receive assurance from the MHL Operational Steering Group regarding the flow of Mental Health Act inspection reports and related Provider Action Statements.
- Will receive assurance from the MHAMs Forum regarding training, learning and development.
- To provide relevant assurance to the Board as to evidence of compliance with the Care Quality Commission registration and commissioning requirements related to Mental Health Act.

Training, Clinical Development and Guidance

- To monitor and recommend action to ensure there are adequate staff members/skill mix trained in the application of mental health legislation and

there is sufficient training provided to maintain the required competency levels within clinical teams.

- To oversee the development and implementation of good clinical practice guidelines and effective administrative procedures in regard to the Mental Health Act and Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards / Liberty Protection Safeguards and advise on any other matters pertinent to MCA within the Trust

Assurance

- To ensure adequate quality control arrangements are in place to enable:
 - An Annual Mental Health Act report
 - Continuous monitoring arrangements
 - The agreed board reporting process
- To ensure there is an agreed programme of clinical audit and mechanisms for following up actions arising
- Receive the Board Assurance Framework and ensure that sufficient assurance is being received by the Committee in respect of those strategic risks where it is listed as an assurance receiver
- Receive the quarterly documentation audit to be assured of the findings, how these will be addressed and progress with actions.

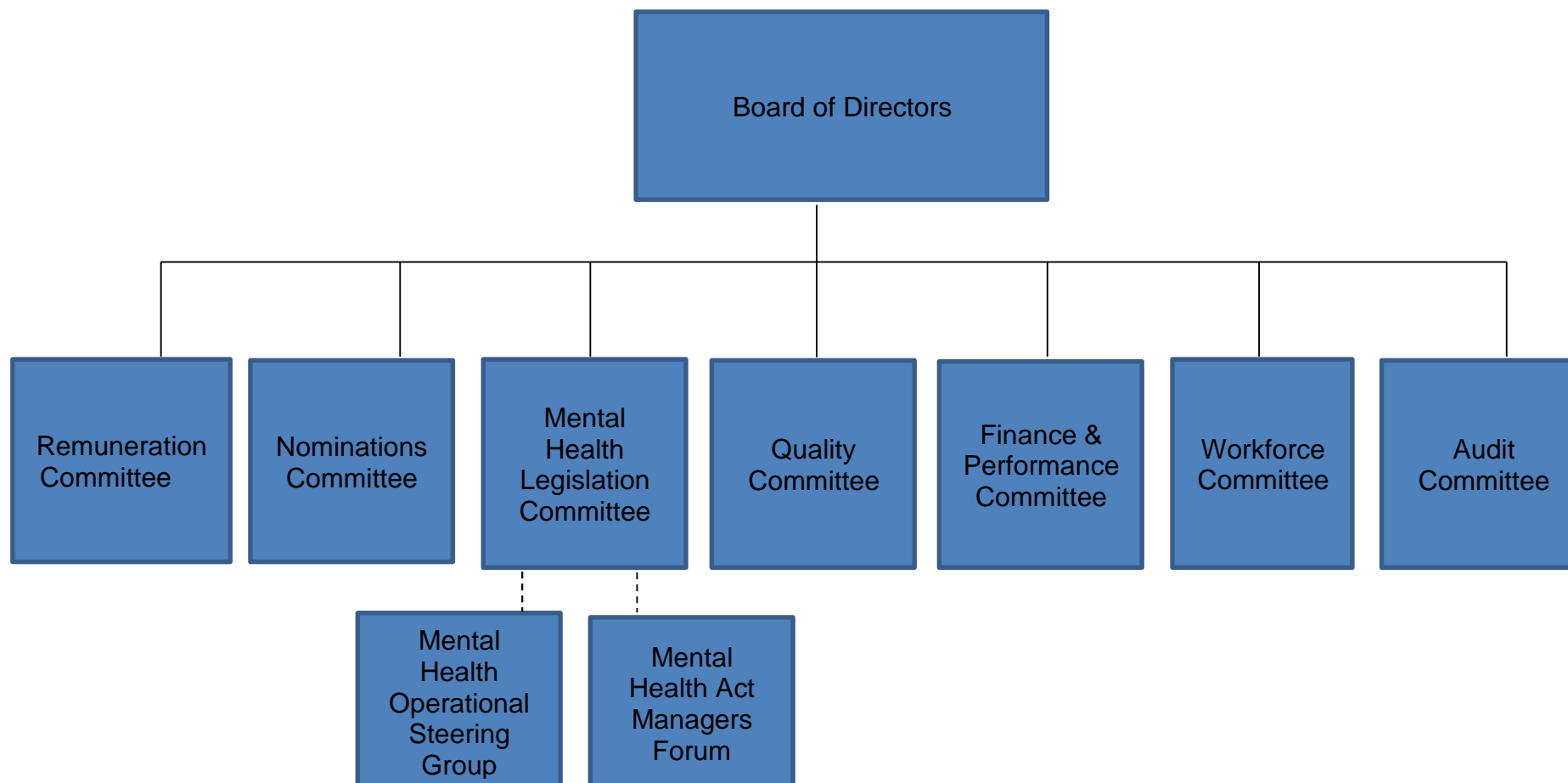
Service user and carer involvement

- To ensure there is a mechanism for service users, carers, and other groups with an interest to contribute to discussions and agreement on proper use of the relevant legislation, with particular regard to the experience of compulsory detention and its therapeutic impact
- Consider any feedback received from service user surveys

Internal audit

- The Committee will review the draft Internal Audit Annual work plan so it can be assured on the sufficiency of the work the Auditors will carry out in respect of matters pertaining to the duties of the Committee. Assurance on the plan's sufficiency (or comments on any matters that should be included) will be provided to the Audit Committee to allow it to approve the overall plan

7 RELATIONSHIP WITH OTHER GROUPS AND COMMITTEES



The committee has a duty to work with other Board sub-committees to ensure matters are not duplicated.

8 DUTIES OF THE CHAIR

The chair of the committee shall be responsible for:

- Agreeing the agenda
- Directing the meeting ensuring it operates in accordance with the Trust's values
- Giving direction to the minute taker
- Ensuring everyone at the meeting has a reasonable chance to contribute to the discussion
- Ensuring discussions are productive, and when they are not productive, they are efficiently brought to a conclusion
- Deciding when it is beneficial to vote on a motion or decision
- Checking the minutes
- Ensuring sufficient information is presented to the Trust Board of Directors in respect of the work of the committee.
- Ensuring that governor observers are offered an opportunity at the end of the meeting to raise any points of clarification.

It will be the responsibility of the chair of the Committee to ensure that it (or any group that reports to it) carries out an assessment of effectiveness annually, and ensure the outcome is reported to the Trust Board 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.

In the event of there being a dispute between any 'groups' in the hierarchy (in the case of this Board sub-committee, this would be between the Board and the Mental Health Legislation Committee and, in recognition of the nature of matrix working between the work of all Board sub-committees, the Mental Health Legislation Committee and any other Board sub-committee) it will be for the chairs of those groups to ensure there is an agreed process for resolution; that the dispute is reported back to the 'groups' concerned; and that when a resolution is proposed the outcome this is also reported back to the 'groups' concerned for agreement.

9 REVIEW 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, where there has been a change.

In addition to this the chair must ensure the Committee carries out an annual assessment of how effectively it is carrying out its duties and make a report to the Board of Directors including any recommendations for improvement.

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)	Non-executive Director
Non-executive Director	None
Medical Director	Executive Director (ideally with knowledge and experience of MHL)
Director of Nursing and Professions	Deputy Director of Nursing

Attendee (by job title)	Deputy (by job title)
Associate Medical Director for Mental Health Legislation	No deputy available to attend this Committee
Head of Service (Adult Social Care, Leeds)	Service Delivery Manager
Associate Director for Corporate Governance	Head of Corporate Governance
Head of Mental Health Legislation	Mental Health Legislation Team Leader / Law Advisor
MHA managers' nominated individual	Another MHA Manager
Chair of the Mental Health Legislation Operational Steering Group	Deputy Chair of the Mental Health Legislation Operational Steering Group