

Mental Health Legislation Committee Annual Report 1 April 2025 to 31 March 2026

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Appendix 1 Mental Health Act Managers Annual Report: 1 April 2025 – 31 March 2026

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 2025 to 31 March 2026.

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 320 people in its inpatient services who are detained under the Mental Health Act (MHA) 1983; 205 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 8 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 6 below.

3. Terms of reference for the Mental Health Legislation Committee

The Committee review its Terms of Reference (ToR) at its meeting held on 4 November 2025, where several minor amendments were agreed and approved. These included:

- Updating the format so that the ToR aligned with the new Trustwide ToR template.
- Standardising the capitalisation of proper nouns throughout the document.
- Standardising the way in which “Associate Non-executive Directors” are referred to within the ToR.

Following the Committee’s approval, the updated ToR were submitted to the Board of Directors and were formally ratified at the Board meeting on 29 January 2026. For information, the latest version of the Committee’s ToR has been included as Appendix 2 to this report

4. Effectiveness of the Mental Health Legislation Committee

The Committee undertook a review of its effectiveness during August and September 2025, during which members and regular attendees were invited to complete the Committee Effectiveness Questionnaire. The results were collated and presented to the Committee at its September 2025 meeting. The Committee noted that the feedback received was broadly positive, with particular recognition of improvements in the format and content of the reports it receives.

The Committee also welcomed the positive findings of the MHA – Detentions internal audit undertaken by Audit Yorkshire, which was reported in March 2025 with an overall opinion of high assurance. This outcome provided additional assurance that the Trust was in a strong position in relation to MHA compliance.

5. Meetings of the Mental Health Legislation Committee

In 2025/26 the Committee met formally on four occasions. All Committee meetings were held virtually. The dates on which the Committee met during this period are as follows:

- 15 May 2025
- 5 September 2025
- 4 November 2025
- 10 February 2026

6. Membership of the Mental Health Legislation Committee and attendance at meetings

The 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. In order to be quorate, at least three members of the Committee must be in attendance, and this must include at least one Non-executive Director 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 of the

Committee. In 2025/26, Ms Kaneez Khan was the Chair of the Committee and Ms Katy Wilburn was the Deputy Chair of the Committee.

The 2025/26 meetings of the Mental Health Legislation Committee were attended on a regular basis by the Associate Medical Director, members of the Mental Health Legislation Team, the Associate Director for Corporate Governance, the Chair of the Mental Health Legislation Operational Steering Group (Ms Janet Smith), the Deputy Chair of the Mental Health Act Managers Forum (Mr Noel Devine), and the Head of Service for Adult Social Care Leeds. Invitations were extended to members of the executive team and senior managers who attended meetings to present papers and make assurances as required.

The Trust also invites governors to observe Board sub-committee meetings. This opportunity enables governors to gain insight into the work of the Committee. Governors attend as observers rather than participants in Committee, as they are not part of the formal membership. Their attendance supports their understanding of the Trust's operations and provides reassurance that Non-executive Directors are appropriately challenging Executive Directors in relation to the operational performance of the Trust

The tables below demonstrate the attendance of the substantive members, formal attendees, and governors who observed meetings of the Committee for the period 1 April 2025 to 31 March 2026.

Attendance at Mental Health Legislation Committee meetings by substantive members

Members in attendance	15 May 2025	5 September 2025	4 November 2025	10 February 2026
Kaneez Khan, Chair of the Committee and Non-executive Director	✓	✓	-	✓
Dr Chris Hosker, Medical Director	✓	✓	✓	✓
Nichola Sanderson, Director of Nursing and Professions	✓	-	-	-
Katy Wilburn, Non-executive Director	✓	✓	✓	✓

- ✓ Shows attendance
- Indicates those members who sent apologies during 2025/26
- █ Indicates when a member was not eligible to attend the meeting.

Attendance at Mental Health Legislation Committee meetings by formal attendees

Others in attendance	15 May 2025	5 September 2025	4 November 2025	10 February 2026
Nicola Allen, Safeguarding Specialist Practitioner		✓		
Kieran Betts, Corporate Governance Officer	✓	✓	✓	✓
Rosaleen Brown, Service Manager for Adult Social Care			✓	
Noel Devine, Mental Health Act Manager	✓	✓	✓	✓
Dr Nuwan Dissanayaka, Associate Medical Director	✓	-	✓	✓
Clare Edwards, Associate Director for Corporate Governance	✓	-	✓	✓
Jonathan Hodgson, Internal Audit Manager for NHS Audit Yorkshire				✓
Sarah Layton, Mental Health Legislation Team Leader	✓	✓	✓	✓
Maxine Naismith, Head of Service for Adult Social Care Leeds	✓	-	-	✓
Alison Quarry, Deputy Director of Nursing				✓
Graham Quinn, Mental Health Act Reviewer for the Care Quality Commission				✓
Janet Smith, Head of Safeguarding and Public Protection	✓	✓	✓	-
Oliver Wyatt, Head of Mental Health Legislation	✓	✓	✓	✓

- ✓ Shows attendance
- Indicates those members who sent apologies during 2025/26
- █ Indicates when a member was not eligible to attend the meeting.

Attendance at Mental Health Legislation Committee meetings by governors

Governors in attendance	15 May 2025	5 September 2025	4 November 2025	10 February 2026
Ian Cuthbertson, Appointed Governor: City of York Council			✓	
Matthew McGonagle, Public: Leeds Governor				
Peter Ongley, Carer: Leeds Governor	✓		✓	
Gursharon Rai, Service User: Leeds Governor			✓	
Adam Redhead, Clinical Staff Governor	✓			
Victoria Thomson, Service User: Leeds Governor			✓	✓

- ✓ Shows attendance
- Indicates those members who sent apologies during 2025/26
- Indicates when a member was not eligible to attend the meeting.

7. Reports made to the Board of Directors

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 possible Board of Directors' meeting. The 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.

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
15 May 2025	29 May 2025
5 September 2025	25 September 2025
4 November 2025	27 November 2025
10 February 2026	26 March 2026

In addition to the assurance and escalation reports described above, the Mental Health Legislation Committee's Annual Report is also received by the Board of Directors. The Committee's Annual Report for 2024/25 was presented to the Board of Directors at its extraordinary meeting on 19 June 2025.

8. The work of the Mental Health Legislation Committee during 2025/26

For 2025/26 the Chair and members of the Mental Health Legislation Committee confirm that the Committee has fulfilled its role as providing assurance to the Trust's Board of Directors 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 (MCA) (2005), and the Deprivation of Liberty Safeguards / Liberty Protection Safeguards (LPS). This was done in accordance with its Terms of Reference which are attached as Appendix 2 for information.

In 2025/26, the Committee:

- Received assurance that the Trust had administered legislation appropriately:
 - o 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. It continued to recommend improvements to the reports, including clearer data trends, enhanced demographic information, and a strengthened executive summary. In February 2026, the Committee agreed to undertake a collective review of the report to identify opportunities to streamline content while maintaining proportionality and effective use of resources.
 - o In May 2025, the Committee noted the high-assurance outcome of the Mental Health Act: Detentions Internal Audit Report and that the single minor recommendation had been implemented.
 - o At its May 2025 meeting the Committee received a summary of CQC Reviewer activity relating to the Trust and was assured that all resulting actions were being appropriately managed and monitored.
 - o In September 2025, the Committee reviewed the findings of the follow-up audit on MCA Assessments and Best Interest Decisions. While improvements were noted in more recent samples, significant deficiencies remained in the quality of documentation. The Committee supported the Mental Health Legislation (MHL) Team's actions to

strengthen training and target future audits and noted the request for internal audit to revisit this area in 2027/28.

- o At its November 2025 meeting, the Committee noted the requirement for the CQC to be informed of the use of mechanical restraint or isolation within a 72-hour period and the operational implications of this requirement. Ongoing monitoring was delegated to the MHLOSG, with updates to be provided to the Committee.
- o The Committee monitored the longstanding issue regarding the Availability of Section 12 Doctors throughout the year, noting that there was insufficient data to assess the prevalence of this issue. An interim report was received in November 2025, and the Committee noted in February 2026 that five escalations had been made to the Medical Director between October and December 2025. It noted that a comprehensive review of this area would be conducted once additional data regarding this issue was provided to the Trust by the Adult Social Care Team.
- o CTO usage was monitored throughout the year, with an observed upward trend. In February 2026, the Committee noted that the Trust's CTO rates were slightly above the national average but consistent with comparable urban areas when adjusted for demographic factors. The Committee concluded that current practice was appropriate and that a deep-dive review was unnecessary. Instead, it agreed to explore how data presentation could more closely align with national statistics, and to consider future data collection needs relating to deprivation and area-based analysis to support effective monitoring going forward.
- o At its February 2026 meeting, the Committee discussed the two fundamentally defective detentions which had been recorded in the quarter. It was reassured that the identification of these issues was demonstrative that internal checks and governance processes were working effectively.
- o At its February 2026 meeting, the Committee considered the findings of the CTO Extension Audit. It noted 17 unlawful CTO extensions between January 2024 and November 2025 due to insufficient evidence of in-person examinations. All affected patients had been discharged, and duty of candour processes completed. The Committee agreed to the implementation of recommendations to standardise the recording process, update mandatory training, and introduce quarterly sample audits to ensure ongoing compliance.
- Received assurance on the Trust's preparations for changes to mental health legislation:
 - o The Committee received regular updates on the progress of the Mental Health Bill. In February 2026, it reviewed and discussed the provisions of the Mental Health Act 2025 and their anticipated impact on the Trust. The Committee was assured that preparatory work was progressing appropriately and that the MHL Team was receiving adequate support. It also noted that the Board of Directors would receive a strategic briefing on the legislative changes at its meeting on 30 April 2026.
 - o At its November 2025 meeting the Committee noted the reopening of the consultation on LPS. It recognised that LPS were expected to replace the current Deprivation of Liberty Safeguards and that this would have significant organisational implications, transferring key responsibilities from Local Authorities to the Trust
 - o The Committee monitored the progress of the "Terminally Ill Adults (End of Life) Bill throughout the year.

- Monitored the experiences of service users and carers using services provided by the Trust:
 - o In September 2025, the Committee reviewed concerns regarding reduced capacity in the Section 136 Suite following incidents of violence and aggression. It noted that the Nursing Directorate had developed redesign proposals but, in November 2025, further noted that no capital funding had yet been allocated. The matter was referred to the Clinical Environments Group, and the Committee agreed to continue monitoring developments through the MHLOSG.
 - o At its September 2025 meeting, the Committee considered delays in MHAMs Hearings caused by the unavailability of responsible clinicians and legal representatives. It was reassured that the MHL Team was addressing the issues and that an increase in responsible clinician numbers was expected to support improvement.
 - o In September 2025, the Committee discussed concerns raised by the Finance and Performance Committee regarding delays in discharging patients deemed Clinically Ready for Discharge but still detained under the MHA. The Committee noted that such situations were not unusual – for example, when individuals were discharged under CTOs – or where discharge was contingent on access to stable or supported accommodation. It recognised that delays were often attributable to the lack of appropriate housing rather than clinical or legislative barriers.
 - o At its November 2025 meeting, the Committee received the Restrictive Interventions Annual Report and noted a 14% reduction in both physical and prone restraint. It also confirmed that a previously reported 80-minute prone restraint in 2023/24 had been the result of a Datix data entry error, with the longest prone restraint in 2024/25 being approximately eight minutes.
 - o At its February 2026 meeting, the Committee received assurance regarding the process for using Section 136 Flex Beds as designated detention beds when acute capacity was insufficient. It was further assured that the average duration of detentions in these beds had reduced.
- Received regular updates from the Mental Health Act Managers Forum, including any issues which had been identified at the Forum
 - o At each meeting, the Committee received updates from the Deputy Chair of the Forum, noting any concerns raised and the contributions of guest speakers invited to support MHAM development and practice.
 - o The Committee received regular updates on the Trust's six-month pilot of "Paper Hearings," which commenced on 1 September 2025. This pilot tested an alternative process for uncontested decisions to extend detentions or CTOs without the need for a formal hearing. The Committee was assured that MHAMs reported positive experiences of the pilot and that robust safeguards were in place to ensure service users were not disadvantaged.
 - o The Committee was apprised of efforts to recruit new MHAMs and extend the terms of current MHAMs with the Trust throughout the year
- Received regular updates from the Mental Health Legislation Operational Steering Group (MHLOSG) regarding the flow of Mental Health Act inspection reports, and any issues which had been identified at the Group:
 - o At its May 2025 meeting, the Committee discussed issues regarding service users

- subject to CTOs being discharged to unstable or temporary accommodation and ideas to improve practice in this area.
- o At its September 2025 meeting, the Committee discussed issues regarding delays in referrals being made to AMHPs which was causing the Emergency Duty Team to inappropriately become involved in routine cases. The Committee was assured that consultants had been reminded of correct referral processes and that the MHL Team was engaging with the Clinical Improvement Forum to support improvement.
 - o In November 2025, the Committee noted concerns regarding the availability of key MHA documentation and proposals to introduce generic ward email accounts to improve accessibility. It agreed that ongoing monitoring would continue through the MHLOSG, with updates reported back to the Committee.
 - o In February 2026, the Committee discussed issues arising from expired medical recommendations, including delays in admission and increased system pressures caused by the need to repeat assessments. The Committee reaffirmed that MHA assessments and applications must not be influenced by inpatient bed availability. It agreed that AMHP processes should be reviewed to ensure adherence to this principle and that a review of existing data sources should be undertaken to determine whether such delays were being systematically captured, and to better understand their frequency, impact, and causes.
- Received assurance that colleagues had been properly trained and supported in their delivery of care so that it was compliant with mental health legislation:
 - o At its May 2025 meeting, the Committee noted that there were plans to repeat the Human Rights Awareness training in collaboration with the British Institute of Human Rights in the coming year following its successful deployment in 2023/24.
 - o At its May 2025 meeting, the Committee reviewed a reported decrease in mandatory Mental Health Legislation training compliance. It was reassured that this was attributable to an identified issue within the iLearn system, with work underway to resolve the problem. The Committee agreed that the inability of iLearn to automatically assign “Initial” or “Refresher” MHL training should be escalated to the Workforce Committee for resolution.
 - o In November 2025, the Committee noted that the MHL Team would be undertaking significant engagement with clinical staff throughout 2026 to ensure they were up to date with MCA training in anticipation of the implementation of LPS.
 - Continued to monitor 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.
 - Monitored the three-hour target between a service user being admitted and the starting of their MHA assessment as specified in the Code of Practice:
 - o In May 2025, following escalation from the Finance and Performance Committee that recorded compliance stood at 0%, the Committee agreed that monitoring should continue, noting that the Code of Practice sets a three-hour expectation, while the legal requirement is 24 hours. The Committee recognised that the reported 0% figure was likely attributable to recording errors rather than practice issues.
 - o In September 2025, the Committee agreed that feedback should be provided to the

Section 136 and Crisis Teams to strengthen record-keeping, with the intention of more accurately demonstrating actual compliance.

- o In February 2026, the Committee reviewed the Q3 2025/26 Section 136 Monitoring Report and was assured that it evidenced a measurable level of compliance with the three-hour target. It was further reassured that improvement work was ongoing. The Committee agreed that relevant elements of this report would be incorporated into the MHL Activity Report to support continued monitoring and that the updated compliance position would be reported back to the Finance and Performance Committee.
- Received assurance regarding the Trust's continued focus on understanding and addressing the overrepresentation of service users from ethnic minority backgrounds in crisis pathways and detention under the Mental Health Act:
 - o In September 2025, the Committee noted that the proportion of Black inpatients had decreased to near parity with the general Leeds population. Conversely, the proportion of Asian inpatients had increased, resulting in overrepresentation relative to the local demographic profile.
 - o At its September 2025 meeting, the Committee noted that the Trust was missing the ethnicity data of approximately 6% of its service users and discussed why this was the case. It noted that having a full picture of all service users ethnic background would be important to deliver the Trust's Health Equity Strategy. This issue was escalated to the September 2025 Board of Directors meeting where it was agreed that this issue would be reviewed in the performance meetings and reported through to the Finance and Performance Committee.
 - o In November 2025, the Committee received and discussed the findings of the Thematic Review of Black Adult Males Detained Under the Mental Health Act. It noted that the report would also be presented to Trustwide Clinical Governance, Unified Clinical Governance, and the Quality Committee. The Committee supported continued exploration in this area and noted that the Quality Committee would examine the wider recommendations in further detail. In February 2026, it further noted that the findings would be shared more broadly with partner organisations and that the report authors intended to submit and present the work at an upcoming conference.
- In 2025-26 the Committee fulfilled its governance duties as detailed in the Committee's Terms of Reference:
 - o The Committee completed its Committee Effectiveness review at its September 2025 meeting.
 - o At its November 2025 meeting the Committee reviewed the Board Assurance Framework and was assured that it was fit for purpose. At present, none of the Strategic Risks identified in the Trust's Board Assurance Framework are linked to the Mental Health Legislation Committee.
 - o At its November 2025 meeting the Committee reviewed its risk register and was assured that the risks associated with mental health legislation were being appropriately managed.
 - o At its February 2026 meeting the Committee reviewed the development of the Draft Internal Audit Annual Plan for 2026-27 and confirmed that there was no specific area relevant to the work of the Committee to highlight for inclusion on this plan.

9. Conclusion

As a sub-committee of the Board of Directors, the Mental Health Legislation Committee has provided assurance to the Trust's Board of Directors 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 significant staffing and operational pressures during 2025/26, the administration of mental health legislation requirements has continued to be delivered effectively. The Committee is also preparing for the implementation of forthcoming legislative changes, in particular the revised Mental Health Act (2025).

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 period.

This section is a conclusion to the information provided in the report and should assure the 'parent' group that it has fulfilled its duties, acted in accordance with its powers and Terms of Reference, and contributed to improving the quality and safety of services.

Kaneez Khan
Chair of the Mental Health Legislation Committee
April 2026

Appendix 1 – Mental Health Act Managers Annual Report: 1 April 2025 – 31 March 2026

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, along with eligible non-executive directors. Their role is to:

Review the detention of individuals who are detained under the Mental Health Act or placed on a Community Treatment Order (CTO).

Authorise the discharge of individuals who no longer meet the legal criteria for detention or for being subject to a CTO.

Assurance to the Mental Health Legislation Committee is provided through the Mental Health Act Managers (MHAM) Forum. The Forum is chaired by a non-executive director and/or the lead Mental Health Act Manager, ensuring a direct link to the Board of Directors in line with the Mental Health Act Code of Practice.

The Forum acts as a communication channel between the Committee, the Mental Health Act Managers, and Trust officers. It offers a structured mechanism for providing assurance that the Trust has robust arrangements in place to fulfil its duties under the Mental Health Act 1983.

In 2025/26, the Mental Health Act Managers Forum was chaired by Kaneez Khan, Non-Executive Director, and Noel Devine, Lead Mental Health Act Manager. The Forum met four times during the year: on 7 May 2025, 31 July 2025, 24 October 2025, and 28 January 2026.

The meeting on 31 July 2025 took place in person at the Becklin Centre, while all other meetings were held remotely via Microsoft Teams.

Mental Health Act Managers who have served in 2025/26

We currently have 36 acting Mental Health Act Managers, and the table below shows those people who have acted in this capacity during 2025/26. There are sufficient panel members to meet legislative requirements.

Mental Health Act Managers during 2024/25

Mental Health Act Managers during the period 1 April 2025 – 31 March 2026		
Wasim Khan	Bethany Holden	Angela Raby
Kathy Bayliss	Abi Kolawole	Anne Rice
Maria Clark	Geraldine Langan	Sharon Borrett
Devon McCroakam	Michelle Pearson	Dianne Graham
Katherine	Harold	Roger Grasby

Burdall	Kolawole	
Lorraine Comley	Gillian Nelson	John Devine
Noel Devine	Susan Smith	Michael Hartlebury
Dipak Patel	Paul Yeomans	Trevor Jones
Nicole Quelch	Bernie Addyman	Andrea Kirkbride
Joseph Ramage	Nick Asiedu	Viv Uttley
Juan Suoto	Natasha Campbell	
Valerie Hekins	Laura Haggett	
Masuma Begum	Julie Horne	

Leavers of the Mental Health Act Managers Panel during 2025/26

Leavers of the Mental Health Act Managers panel during the period 1 April 2025 to 31 March 2026
No leavers during the period.

Non-executive directors acting as Mental Health Act Managers during 2025/26

Non-executive directors also acting as Mental Health Act Managers during the period 1 April 2025 to 31 March 2026
N/A

We are grateful for the time, commitment and professionalism that our Mental Health Act Managers have shown throughout the year. We would like to once again express our sincere thanks for their dedication and the valuable skills they bring to this essential role.

Appendix 2 – Terms of Reference for the Mental Health Legislation Committee

(Approved by the Mental Health Legislation Committee on 4 November 2025
Ratified by the Board of Directors on 29 January 2026)

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	Committee Chair and responsible for evaluating the assurance given and identifying if further consideration / action is needed. 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. (Code of Governance for NHS Provider Trusts, NHS England 2022)
Non-executive Director	Deputy Chair and responsible for evaluating the assurance given and identifying if further consideration / action is needed. 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. (Code of Governance for NHS Provider Trusts, NHS England 2022)
Medical Director	Executive Director with MHL Knowledge
Director of Nursing and Professions	Executive Director with links to CQC

In attendance: in an advisory capacity

Title	Role in the group / 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 Mental Health Legislation 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 (ANEDs) 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.

ANEDs 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 group / 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 Mental Health Legislation Committee had 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 Mental Health Legislation Operational Steering Group regarding the flow of Mental Health Act inspection reports and related Provider Action Statements.
- Will receive assurance from the Mental Health Act Managers' 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 the 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 the Mental Capacity Act within the Trust.

Assurance

- To ensure adequate quality control arrangements are in place to enable:
 - o An Annual Mental Health Act report
 - o Continuous monitoring arrangements
 - o 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.

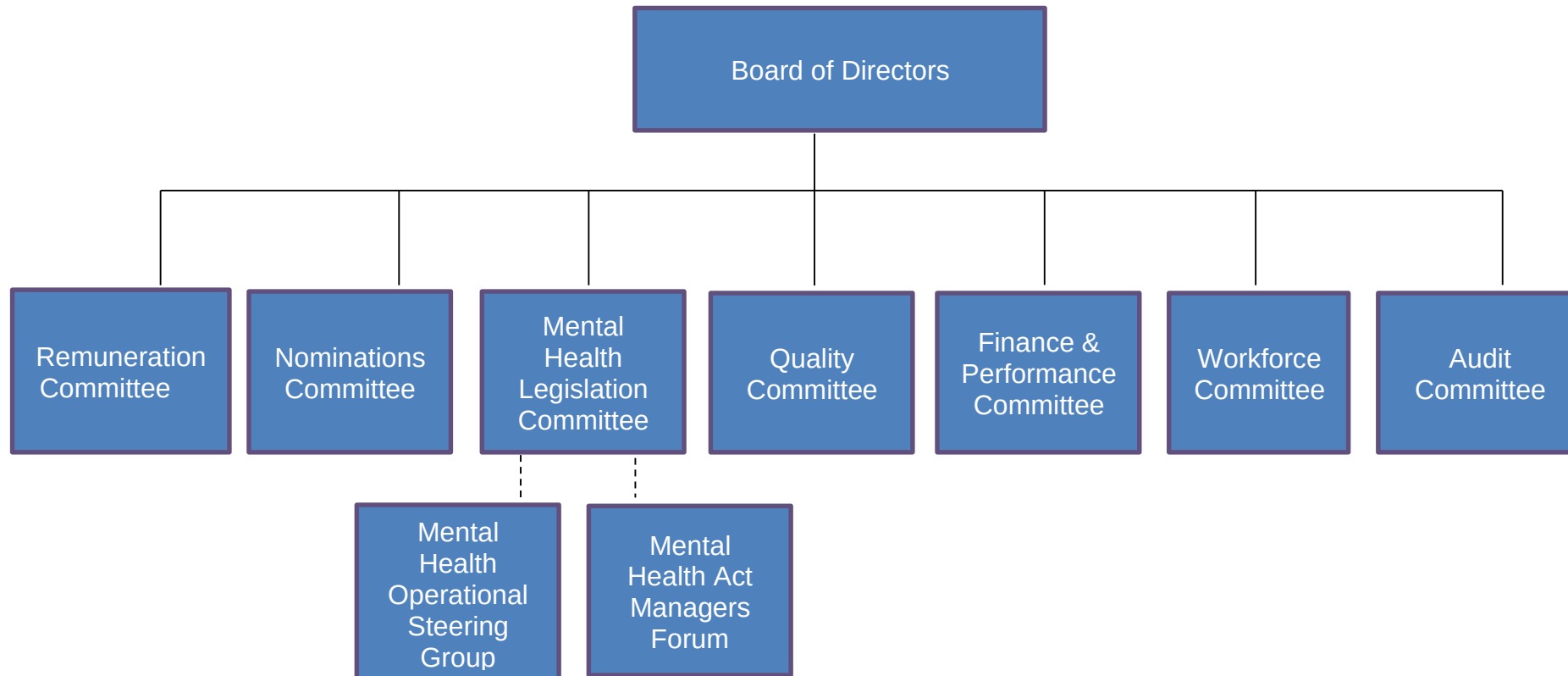
Service User and Carer Involvement

- To ensure that 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 Chairperson

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