



## TERMS OF REFERENCE

### HOSPITAL MANAGERS POWER OF DISCHARGE SUB-COMMITTEE

Version	Issued to:	Date	Comments
V2	Mental Health Act Power of Discharge Committee Board	08.03.2012 29.03.2012	
V3	Mental Health Act Power of Discharge Committee	13.09.2014	
	Mental Health Legislation Monitoring Committee	27.09.2014	
V4	Mental Health Legislation Monitoring Committee	04.12.2014	
V5	Hospital Managers Power of Discharge Sub-Committee	13.08.2015	
	Mental Health Legislation Assurance Committee	10.09.2015	
V6	Hospital Managers Power of Discharge Sub-Committee	11.04.2016	
V7	Hospital Managers Power of Discharge Sub-Committee	12.04.2017	Reviewed May 18
V8	Hospital Managers Power of Discharge Sub-Committee	09.04.2018	Approved via Chair's Action
V8	Mental Health Legislation Monitoring Committee	17.09.2019	Approved MHLAC

V8	Hospital Managers Power of Discharge Sub-Committee	07.04.2020	Reviewed April 20
V9	Hospital Managers Power of Discharge Sub – Committee	06.04.21	Reviewed
V9	Mental Health Legislation Monitoring Committee	03.06.21	

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## HOSPITAL MANAGERS POWER OF DISCHARGE SUB-COMMITTEE

### 1. Constitution

- 1.1 The Mental Health Legislation Monitoring Committee (now re-named Mental Health Legislation Assurance Committee), established as a Committee of Hywel Dda University Local Health Board on 27 September 2012, has established a Hospital Managers Power of Discharge Sub-Committee to carry out specific aspects of the Mental Health Legislation Assurance Committee's business on its behalf.

### 2. Principle Duties

- 2.1 The purpose of the Hospital Managers Power of Discharge Sub-Committee is to review and monitor how the operation of the delegated functions under Section 23 of the Mental Health Act 1983 (the 1983 Act) and the Code of Practice are being exercised; and to provide assurance to the Mental health Legislation Assurance Committee (and ultimately to the Board) that the processes employed by the Sub-Committee, tasked with considering whether the power of discharge should be used, are fair, reasonable and exercised lawfully.
- 2.2 A panel of three or more Members drawn from the Hospital Managers Power of Discharge Sub-Committee will hear individual cases where patients or their nearest relative have applied for discharge. The Members also sit on Renewal Hearings – they are collectively known as Hospital Managers Reviews.
- 2.3 Issues of quality and safety will be reported through the Health Board's appropriate governance arrangements.

### 3. Operational Responsibilities

- 3.1 The Sub-Committee will, in respect of its provision of assurance to the Mental Health Legislation Monitoring Committee:
  - 3.1.1. Review and monitor how the operation of the delegated functions under Section 23 of the 1983 Act and the Code of Practice are being exercised;
  - 3.1.2. Discuss the work of individual Panels;
  - 3.1.3. Discuss the training requirements of Review Panel Members and produce a Training Plan for approval by the Mental Health Legislation Committee;
  - 3.1.4. Discuss any impact of legislative changes on the role of Hospital Managers;
  - 3.1.5. Highlight any impact of service changes; and

3.1.6. Provide any learning opportunities.

#### 4. Membership

4.1 The membership of the Sub-Committee shall comprise:

Title
Independent Member (Chair)
All Independent Members
All Appointed Lay Members

4.2 Attendees of the Sub-Committee shall comprise:

Title
Mental Health Act Manager (Lead Officer)
Mental Health Act Administrator
Independent Mental Health Advocate

4.3 An Independent Member of the University Health Board (UHB) shall undertake the role of Chair of the Sub-Committee.

4.4 The membership of the Sub-Committee will be reviewed on an annual basis. The Independent Members retain their membership of the Hospital Managers Power of Discharge Sub-Committee at the discretion of the Board for as long as they remain Independent Members of the Board.

4.5 The appointed lay membership must be reviewed three years and receive an appraisal. Appraisals will be used to also develop ongoing training needs of the members.

#### 5. Quorum and Attendance

5.1 A quorum shall consist of no less than eight and must include as a minimum two Independent Members and two Lay Members. In the absence of the Chair, another Independent Member will chair the meeting.

5.2 Additional members may be co-opted to contribute to specialised areas of discussion.

5.3 Any senior manager of the UHB or partner organisation may, where appropriate, be invited to attend.

5.4 The Head of Internal Audit shall have unrestricted and confidential access to the Chair of the Hospital Managers Power of Discharge Sub-Committee.

- 5.5 The Sub-Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

## 6. Agenda and Papers

- 6.1 The Sub-Committee Secretary is to hold an agenda setting meeting with the Chair and/or Vice-Chair, and the Lead Officer at least six weeks before the meeting date.
- 6.2 The agenda will be based around the Sub-Committee's Work Plan, identified risks, matters arising from previous meetings, issued emerging throughout the year, and requests from Sub-Committee Members. Following approval, the agenda and timetable for papers will be circulated to all Sub-Committee Members.
- 6.3 All papers should have relevant sign off before being submitted to the Sub-Committee Secretary.
- 6.4 The agenda and papers for meetings will be distributed a minimum of **seven** calendar days in advance of the meeting.
- 6.5 The minutes and action log will be circulated to the Members within **fourteen** calendar days to check the accuracy.
- 6.6 Members must forward amendments to the Sub-Committee Secretary within the next **seven** days. The Sub-Committee Secretary will then forward the final version to the Sub-Committee Chair for approval.
- 6.7 Every meeting shall include the following as a standing agenda item:-
- Discussion of Learning and Governance from panel hearings.
  - A training plan will form the agenda the needs of which are derived from the appraisals process.

## 7. Frequency of Meetings

- 7.1 The Sub-Committee will meet 3 times per year and shall agree an annual schedule of meetings. Additional meetings will be arranged as determined by the Chair of the Sub-Committee at any time providing at least ten working days notice is given.
- 7.2 Meetings may take place in person or virtually with an expectation members will meet in person a minimum of at least once every two years.
- 7.3 The Chair of the Sub-Committee, in discussion with the Sub-Committee Secretary shall determine the time and the place of meetings and procedures of such meetings.

7.4 The Sub-Committee will operate with a “Part 2” function to focus on training issues.

## **8. Accountability, Responsibility and Authority**

- 8.1 The Hospital Managers Power of Discharge Sub-Committee is directly accountable to the Mental Health Legislation Assurance Committee, for its performance in exercising the functions set out in these terms of reference.
- 8.2 Due to the sensitivity of the patient information received, Sub-Committee Members will at all times be aware of the importance of confidentiality, and ensure that they comply with the University Health Board’s policies within this area of work.
- 8.3 The Sub-Committee shall embed the University Health Board’s values, vision, standards, priorities and requirements, e.g. equality and human rights, through the conduct of its business.
- 8.4 The requirements for the conduct of business as set out in the UHB’s Standing Orders are equally applicable to the operation of the Sub-Committee.

## **9. Reporting**

- 9.1 The Sub-Committee, through its Chair and Members, shall work closely with the Mental Health Legislation Assurance Committee’s other Sub-Committees (where established), to provide advice and assurance through the:
- 9.1.1 Joint planning and co-ordination of Board and Committee business; and
  - 9.1.2 Sharing of information
- 9.2 In doing so, the Sub-Committee shall contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board’s overall risk and assurance framework.
- 9.3 The Sub-Committee may establish groups or task and finish groups to carry out on its behalf specific aspects of Sub-Committee business. The Sub-Committee will receive written update reports following each meeting which details the business undertaken on its behalf.
- 9.4 The Sub-Committee Chair, supported by the Sub-Committee Secretary, shall:
- 9.4.1 Report formally, regularly and on a timely basis to the Mental Health Legislation Assurance Committee on the Sub-Committee’s activities. This includes the submission of Sub-Committee minutes, as well as the presentation of an Annual Report within 6 weeks of the end of the financial year.
  - 9.4.2 Bring to the Mental Health Legislation Assurance Committee’s specific attention any significant matter under consideration by the Committee.

## **10. Secretarial Support**

10.1 The Sub-Committee Secretary shall be determined by the Sub-Committee Lead.

## **11. Review Date**

11.1 These Terms of Reference and operating arrangements shall be reviewed on at least an annual basis by the Sub-Committee for approval by the Mental Health Legislation Assurance Committee.

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