



**Public – To be published on the Trust external website**

# **Associate Hospital Managers Policy**

## **Ref: MHA-0004-v9**

**Status: Ratified**

**Document type: Policy**

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## 1 Introduction

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In England, NHS hospitals are managed by NHS Trusts and NHS Foundation Trusts, such as Tees, Esk and Wear Valleys NHS Foundation Trust. For these hospitals, the trusts themselves are defined as the 'hospital managers' for the purposes of the Mental Health Act 1983 (MHA).

Hospital managers have the authority to detain patients under the MHA and have the primary responsibility for seeing that the requirements of the MHA are followed. They must ensure that patients are detained only as the MHA allows, that their treatment and care accord fully with its provisions and that they are fully informed of, and supported in exercising, their statutory rights.

The hospital managers have equivalent responsibilities towards patients who are subject to community treatment orders (CTO).

In practice, most of the responsibilities of the hospital managers, examples of which include admission of and transfer of detained patients, provision of information, reference to the Mental Health Tribunal are taken by individuals (or groups of individuals) on their behalf such as mental health legislation staff and ward staff.

### Associate Hospital Managers

Consideration for and decisions about discharge from detention and CTOs are reserved to and taken by panels of people specifically selected for the role ("managers panels"). Manager's panels consist of three or more people and can include members, but not employees, of the organisation in charge of the provider, e.g. the Chair and non-executive directors of the Trust, as well as people appointed by the Trust for this purpose. Those appointed for this purpose must not be employees of the Trust and are often referred to as Associate Hospital Managers (AHM).



Any reference to Hospital Managers in this policy refers only to Associate Hospital Managers with the ability to consider and make decisions about discharge from detention or CTO under Section 23 MHA 1983.

This policy helps in the delivery of Our Journey to Change and our ambition to create safe and personalised care. It helps us deliver our strategic goals as follows:

- This policy supports the trust to create a great experience for all patients, carers and families by ensuring the right people are selected and trained to function as Hospital Managers and ensure patient's rights are protected.

## 2 Why we need this policy

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### 2.1 Purpose

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- Patients must have their right to a review of their detention or Community Treatment Order (CTO) by the Hospital Managers respected.
- Tees, Esk and Wear Valleys NHS Foundation Trust must be responsible for ensuring there are sufficient hospital managers to meet the requirements of the MHA

### 2.2 Objectives

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This document will help to ensure that:

- Hospital Managers are given clear guidance in performing their duties
- Hospital Managers and the Trust Board will have confidence in the procedures adopted by the Trust in ensuring that the functions of Hospital Managers are discharged responsibly and compassionately.

## 3 Scope

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### 3.1 Who this policy applies to

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Although the hospital managers have a range of duties and responsibilities, this policy relates only to the power to discharge under Section 23 of the MHA.



For details on how Hospital Manager meetings are set up and run please see the Hospital Manager Procedure.

This policy applies to:

- All Trust staff
- Associate Hospital Managers

### 3.2 Roles and responsibilities

Role	Responsibility
The Trust	As hospital managers, the Trust is responsible for ensuring that the requirements of the Mental Health Act are fully met and that there are sufficient Associate Hospital Managers to fulfil the requirements in terms of consideration for discharge.
Director of Nursing and Governance	Executive responsibility for the effective implementation and management of the Mental Health Act.
Non-Executive Director with responsibility for mental health legislation	Appointment, review, and termination of Associate Hospital Managers.
Mental Health Legislation Team Manager	Operational management of the Mental Health Act, including the functions of hospital managers.
MHL Officers	Planning, coordinating, and attending meetings to consider discharge of patients subject to detention or CTOs.
Associate Hospital Managers	Reviewing detention and CTOs and ensuring this policy is adhered to.

## 4 Policy

### 4.1 Who is eligible to act as a hospital manager?

The chairman and non-executive directors of the Trust are eligible to sit on managers' panels.



The MHA does not allow employees of the Trust to sit on a Hospital Managers' panel

In addition to the chairman and non-executive directors, the Trust also appoints Associate Hospital Managers who can review detention.

## 4.2 Non-Executive Director with responsibility for the MHA

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There is a non-executive director (NED) with responsibility for the MHA. That responsibility is given by the Chairman of the Trust, to whom they are accountable.

They will:

- |   |
|---|
| <ul style="list-style-type: none"><li>• Have overall responsibility for the appointment of Associate Hospital Managers;</li></ul>                                   |
| <ul style="list-style-type: none"><li>• Help to identify training and development needs of Associate Hospital Managers and agree a programme of training;</li></ul> |
| <ul style="list-style-type: none"><li>• Oversee a performance review of each Associate Hospital Manager at least once every three years;</li></ul>                  |
| <ul style="list-style-type: none"><li>• Overall responsibility for matters relating to the competence and conduct of Associate Hospital Managers;</li></ul>         |
| <ul style="list-style-type: none"><li>• Report as required to the Trust Board;</li></ul>  |
| <ul style="list-style-type: none"><li>• Attend and participate in managers panels held under the MHA; and</li></ul>   |
| <ul style="list-style-type: none"><li>• Maintain close links with the Mental Health Legislation Department</li></ul>  |

## 4.3 Recruitment and appointment of AHMs

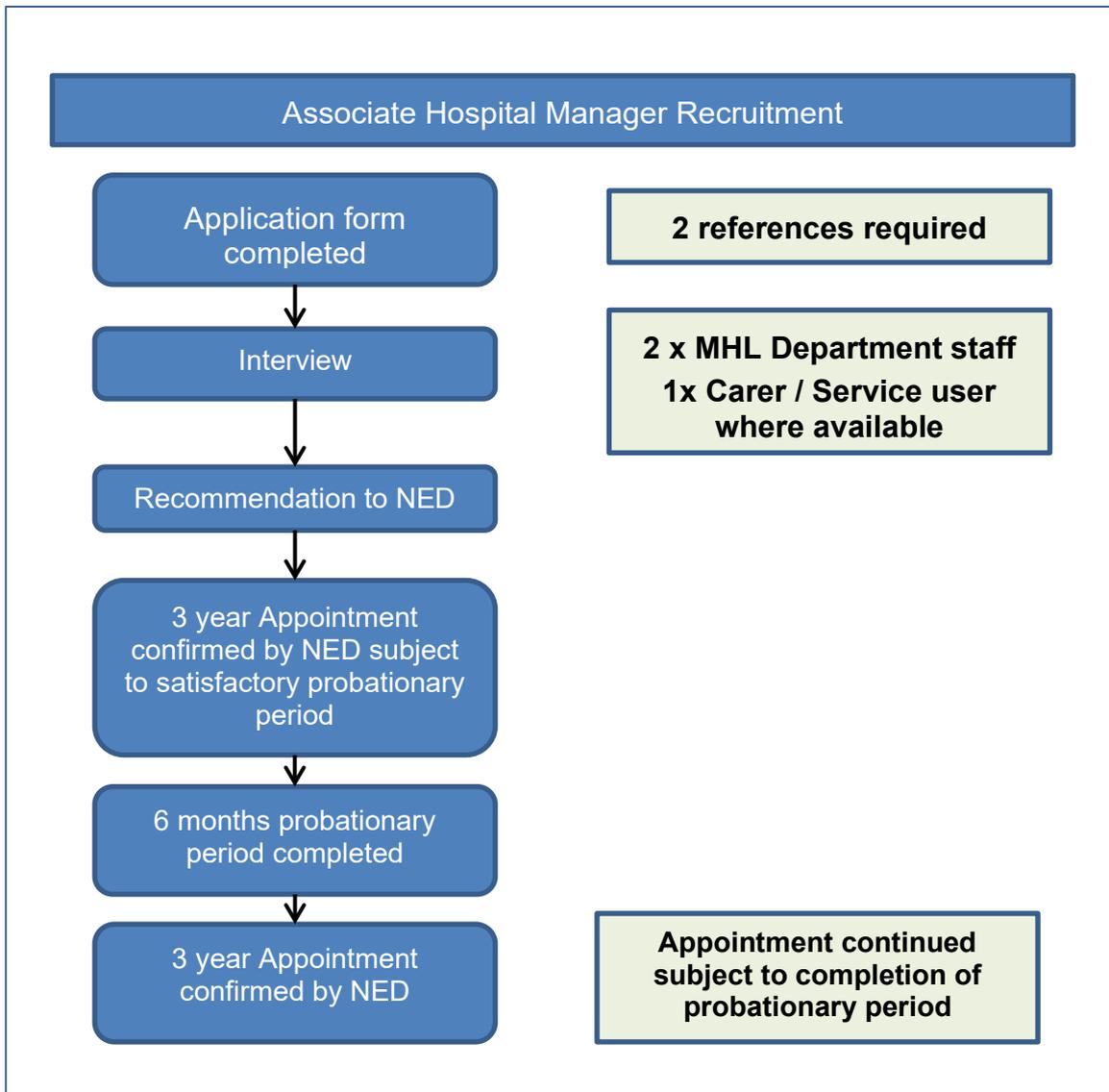
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The MHL department will identify the need to recruit new Hospital Managers, but the recruitment process will be carried out by the Trust's Voluntary Services Department using the volunteer recruitment procedure.

Applicants will need to be able to demonstrate the following:

- |   |
|---|
| <ul style="list-style-type: none"><li>• They can demonstrate the trust values</li></ul> |
| <ul style="list-style-type: none"><li>• An interest in mental health;</li></ul>         |
| <ul style="list-style-type: none"><li>• A commitment to public service;</li></ul>       |
| <ul style="list-style-type: none"><li>• An understanding of equality issues</li></ul>   |

- An understanding of confidentiality;
- The ability to analyse complex problems;
- The ability to read and comprehend detailed reports;
- The ability to actively listen and question;
- The confidence to question and challenge respectfully;
- The ability to work as part of a team; and
- The ability to be objective and impartial.



**Figure 1 - AHM Recruitment**

Prospective AHMs will be interviewed by a panel of 3 comprising of the MH Legislation Team Manager (or deputy), another member of the MH Legislation team and a carer or service user representative where available.

The interview panel will make a recommendation to the NED with responsibility for MH legislation who will have responsibility for making the appointment.

AHMs are not employees of the Trust, but appointment will be made subject to a formal agreement.

**Under the agreement:**

The Associate Hospital Manager will:	The Trust will:
<ul style="list-style-type: none"> <li>Always maintain confidentiality</li> </ul>	<ul style="list-style-type: none"> <li>Provide training for the role of the AHM</li> </ul>
<ul style="list-style-type: none"> <li>Attend and participate in a minimum of 12 managers panels annually unless there are extenuating circumstances.</li> </ul>	<ul style="list-style-type: none"> <li>Insure the AHM whilst on Trust premises</li> </ul>
<ul style="list-style-type: none"> <li>Attend annual training and development sessions</li> </ul>	<ul style="list-style-type: none"> <li>Indemnify the AHM in respect of performance of the role</li> </ul>
<ul style="list-style-type: none"> <li>Adhere to relevant Trust policies</li> </ul>	<ul style="list-style-type: none"> <li>Provide necessary administrative support</li> </ul>
<ul style="list-style-type: none"> <li>Abide by the principles of data governance</li> </ul>	<ul style="list-style-type: none"> <li>Provide necessary library and information resources</li> </ul>
<ul style="list-style-type: none"> <li>Participate in an annual paper review</li> </ul>	

The initial appointment will be for a three-year period. At the end of this period, the AHM will have a review of their continuing suitability, the outcome of which will be discussed with the NED with responsibility for MH legislation to decide whether to renew the appointment.

 The appointment will be made for a period of up to three years.



The Trust expects each manager to take part in at least 12 manager's panels per year unless there are extenuating circumstances.



The Trust may terminate the agreement with the Associate Hospital Manager by giving one month's notice.

If there has been a substantial breach of the undertakings in the agreement, the agreement may be terminated without notice. Any such decision will be taken by the Non-Executive Director with responsibility for the MHA in consultation with the Director of Nursing and Governance.

## 4.4 Induction



The Trust is committed to providing a great experience for our patients and colleagues. As part of achieving these goals, the Trust must train and support Associate Hospital Managers to succeed in their role.

Initial training will include:

- Meeting members of the MHL administration team;
- Familiarisation with key parts of the MHA and relevant sections of the Code of Practice;
- Attendance at training sessions;
- Complete initial mandatory training



The Associate Hospital Manager will receive information governance training and sign an agreement on maintaining confidentiality before they have access to any patient information.

The induction process is supported by:

- A reading pack;
- Contact with the Non-Executive Director with responsibility for the MHA (or a designated deputy) for advice and support;
- Observe six managers panels;

- The opportunity to discuss with the panel chair and panel members following observation at manager's panels.



No Associate Hospital Manager (AHM) will sit as a member of a panel until they have completed their induction training and required observations.

## 4.5 Probationary period

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Newly appointed AHMs will be subject to a 6-month probationary period in line with the Trust's approach to the appointment of new staff.

The purpose of the probationary period is to provide a consistent means by which new AHMs can be supported to become effective as quickly as possible.

During the probationary period the AHM's performance, conduct and attendance will be reviewed by the MHL Team Manager after they have observed 6 meetings.



The Trust expects that an AHM will attend a minimum of 6 meetings during their probationary period.

A decision about whether the probationary period has been successful will normally be made at 6 months and a recommendation will be made to the NED.

## 4.6 Training

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To help provide the best care and experience for patients, Hospital Managers must complete mandatory training as and when required. The Voluntary Services Department will co-ordinate and monitor compliance of this, but the content will be agreed between the Voluntary Services Department and MHL team.

Hospital Managers must also attend annual legislation training, which will be arranged by the MHL team.

Hospital Managers may not be eligible to sit on a panel if they have not completed the training requirements.

The training will include:

- Developments in mental health;
- Developments in mental health law;
- Skill development, particularly in relation to chairing panels
- Equality and diversity training
- Information Governance and confidentiality training



AHMs will not be expected to chair review panels until they have sufficient experience of participating in reviews and have received training in chairmanship from the MHL team.

#### 4.7 Annual review

Hospital Managers will have an annual paper review provided by the MHL team. This will include:

- Number of meetings attended
- Number of meetings chaired (where applicable)
- Training attended/completed
- Any issues during the previous year

#### 4.8 Three-year Review

The Non-Executive Director with responsibility for the MHA (or designated deputy) will hold an individual review of continuing suitability with each Associate Hospital Manager once every three years.

This meeting will review:

- Commitment to the role of Associate Hospital Manager;
- Attendance at training sessions in the last year;

- Review of personal training and development needs;
- Consideration of any problems encountered;
- Any issues which the Hospital Manager wishes to bring to the attention of the Trust.



All reviews should be conducted via MS Teams or coincide with when the Hospital Manager is already on site to reduce travel expenditure.

## 4.9 Confidentiality

Although AHMs are not TEWV employees, they have the same duty as employees to maintain and protect the confidentiality of information relating to patients, colleagues, and business information.

The Health and Social Care Information Centre (HSCIC) has established four confidentiality rules that **must** be followed:

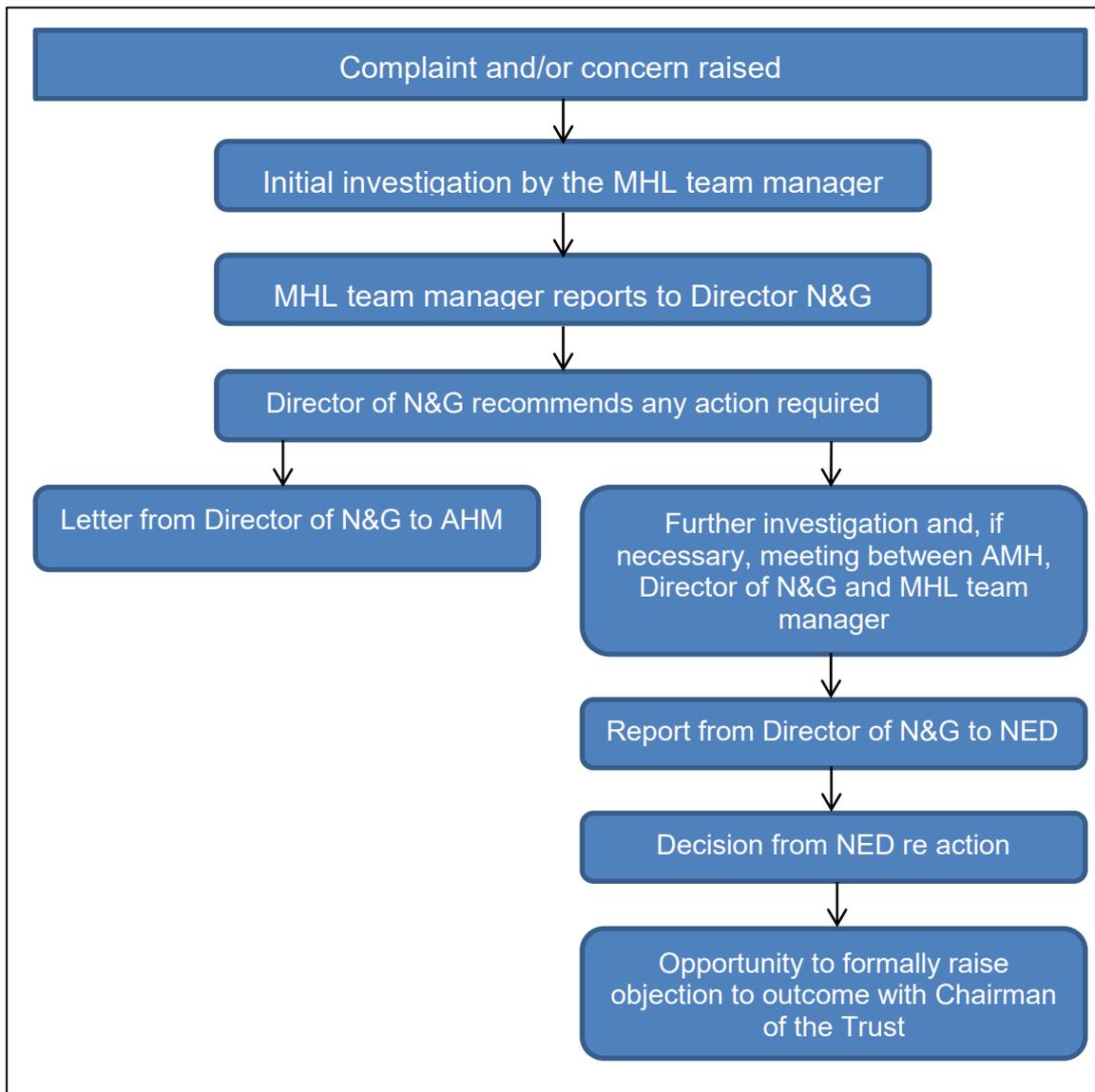
1. Confidential information about service users or patients should be treated confidentially and respectfully.
2. Members of a care team should share confidential information when it is needed for the safe and effective care of an individual.
3. Information that is used for the benefit of the community should be anonymised.
4. An individual's right to object to the sharing of confidential information about them should be respected.

- Hospital Managers must respect confidentiality and not discuss confidential information about service users outside of meetings.
- If there is a potential conflict of interest, for example an AHM has been asked to sit on a panel for someone they know, they must inform the MHL department as soon as possible.
- If an AHM needs to refer to another case they have been involved in, for example if it is a difficult decision and they have been involved in a similar

case, they must do so in a way that does not identify the service user concerned.

#### **4.10 Concerns/Complaints about Associate Hospital Managers**

If there are any concerns raised about the practice or conduct of an AHM, the nature of the issue will be investigated by the MHL team manager in the first instance. Dependent upon the seriousness of the issue, the outcome may be that a letter highlighting the concern will be sent from the Director of Nursing and Governance to the AHM. More serious issues will require further investigation and may necessitate a meeting between the AHM, Director of Nursing and Governance and MHL Advisor or Head of MH Legislation. The findings from this meeting will be reported by the Director of N&G to the NED with responsibility for MH Legislation. The NED will then make a decision regarding any further action which could include further training, suspension as Chair of manager's panels or even termination of the agreement as AHM. Any AHM who is unhappy with the decision of the NED will have the opportunity to formally raise this with the Chairman of the Trust.



**Figure 2 – Concerns/Complaints procedure**



Dependent upon the nature or seriousness of the issue raised, this may result in the AMH having their attendance at any planned managers panels cancelled and not being contacted to sit on new managers panels until the issue has been fully investigated and resolved.



Any complaints will be dealt with following the principles of TEWW Disciplinary procedure

## 5 Definitions

Term	Definition
Approved Clinician	A mental health professional approved by the Secretary of State (or the Welsh Ministers) to act as an approved clinician for the purposes of the MHA. Some decisions under the MHA can only be taken by people who are ACs.
Approved Mental Health Professional (AMHP)	A practitioner who has undertaken additional recognised professional training and is approved and authorised by the Local Authority and, where the AMHP is a Social Worker, registered with the General Social Care Council. The role of AMHP is to carry out legal functions in relation to the MHA which includes making an application for compulsion and supporting an application for A CTO. Other professional groups may become AMHPs.
Community Treatment Order (CTO)	The legal authority for the discharge of a patient from detention in hospital, subject to the possibility of recall to hospital for further medical treatment if necessary. Community patients are expected to comply with the conditions specified in the CTO.
Hospital Managers	The organisation (or individual) responsible for the operation of the MHA in a particular hospital. Hospital managers' decisions about discharge are normally delegated to a "managers' panel" of three or more people.
Managers' panel	A panel of three or more people appointed to take decisions on behalf of hospital managers about the discharge of patients from detention or community treatment order.
Responsible Clinician	Under the terms of the MHA this means the Approved Clinician with overall responsibility for a patient's treatment. Only detained patients or patients on a CTO have an RC.

## 6 Related documents

- [Code of Practice Mental Health Act 1983, TSO, 2015](#)
- [CTO Policy](#)

- [Complaints Policy](#)
- [Managing Concerns of Potential Poor Performance \(Capability\) Procedure](#)
- [Guidance on Managing Concerns of Potential \(Disciplinary\) Conduct](#)
- [Probationary period procedure](#)
- [Sharing Information and Confidentiality policy](#)
- [Volunteer procedure](#)

## 7 How this policy will be implemented

- This policy will be published on the Trust’s intranet and external website
- This policy will be used to inform initial and refresher training for all AHMs
- All AHMs will be notified about this policy

### 7.1 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
Associate Hospital Managers	Mandatory training	0.5 Days	On appointment and then as required
Associate Hospital Managers	Legislation overview/updated	0.5 Days	On appointment and then annually

## 8 How the implementation of this policy will be monitored

Number	Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	Associate Hospital Managers activity	Annually by report from Mental Health Legislation Team Manager	Mental Health Legislation Committee

## 9 References

Mental Health Act Code of Practice

## 10 Document control (external)

To be recorded on the policy register by Policy Coordinator

Date of approval	15 February 2023
Next review date	15 February 2026
This document replaces	MHA-0004-v8.1 Hospital Managers Policy
This document was approved by	Mental Health Legislation Committee
This document was approved	08 November 2022
This document was ratified by	Management Group
This document was ratified	15 February 2023
An equality analysis was completed on this policy on	October 2022
Document type	Public
FOI Clause (Private documents only)	n/a

### Change record

Version	Date	Amendment details	Status
8.1	12 Dec 2018	Change to job title and Trust letterhead. TNA and monitoring updated.	Ratified
8.1	08 July 2020	Links to inTouch removed. Review date extended by six months to 12 June 2022.	Ratified
8.1	Jan 2022	Review date extended to 12 Jan 2023	Ratified

v9.0	Nov 2022	<p>Full three year review.</p> <p>Template updated to include Our Journey to Change. Content and language throughout has been amended to reflect Our Journey to Change.</p> <p>Minor changes to grammar and use of more concise language throughout.</p> <p>References to 'Legislation advisor' have been replaced with 'MHL team manager'.</p> <p>Links updated.</p> <p>3.1 adds reference to new Hospital Manager procedure.</p> <p>4.2 removed requirement for NED to help identify training.</p> <p>Clarification and update to recruitment, induction and training process to incorporate the involvement or the Voluntary Services Department.</p> <p>4.8 added that 3 yearly reviews can be completed face to face or by MS Teams.</p> <p>Appendix 3: updated the fees that are paid to Hospital Managers and specified these are honorarium.</p>	Ratified
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## Appendix 1 - Equality Analysis Screening Form

Please note: The Equality Analysis Policy and Equality Analysis Guidance can be found on the policy pages of the intranet

Section 1	Scope
Name of service area/directorate/department	Mental Health Legislation
Title	Associate Hospital Manager Policy
Type	Policy
Geographical area covered	Trustwide
Aims and objectives	<p>Patients have the right to have their detention or Community Treatment Order (CTO) reviewed by the Hospital Managers.</p> <p>TEWV must ensure there are sufficient Hospital Managers to meet requirements. Hospital Managers must be given clear guidance on the scope of their role.</p>
Start date of Equality Analysis Screening	September 2022
End date of Equality Analysis Screening	October 2022

Section 2	Impacts
Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?	Associate Hospital Managers.
Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or	<ul style="list-style-type: none"> <li>• <b>Race</b> (including Gypsy and Traveller) <b>NO</b></li> </ul>

Business plan impact negatively on any of the protected characteristic groups?	<ul style="list-style-type: none"> <li>• <b>Disability</b> (includes physical, learning, mental health, sensory and medical disabilities) <b>NO</b></li> <li>• <b>Sex</b> (Men, women and gender neutral etc.) <b>NO</b></li> <li>• <b>Gender reassignment</b> (Transgender and gender identity) <b>NO</b></li> <li>• <b>Sexual Orientation</b> (Lesbian, Gay, Bisexual and Heterosexual etc.) <b>NO</b></li> <li>• <b>Age</b> (includes, young people, older people – people of all ages) <b>NO</b></li> <li>• <b>Religion or Belief</b> (includes faith groups, atheism and philosophical beliefs) <b>NO</b></li> <li>• <b>Pregnancy and Maternity</b> (includes pregnancy, women who are breastfeeding and women on maternity leave) <b>NO</b></li> <li>• <b>Marriage and Civil Partnership</b> (includes opposite and same sex couples who are married or civil partners) <b>NO</b></li> <li>• <b>Armed Forces</b> (includes serving armed forces personnel, reservists, veterans and their families) <b>NO</b></li> </ul>
Describe any negative impacts	NA
Describe any positive impacts	NA

Section 3	Research and involvement
What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)	Mental Health Act Code of Practice Mental Health Act Reference Guide
Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the protected groups?	Yes

If you answered Yes above, describe the engagement and involvement that has taken place	Voluntary Services Department. encouraging diversity of Hospital Managers. And reasonable adjustments to undertake the role, seek advice from occupational health as appropriate
If you answered No above, describe future plans that you may have to engage and involve people from different groups	NA

Section 4	Training needs
As part of this equality analysis have any training needs/service needs been identified?	No
Describe any training needs for Trust staff	NA
Describe any training needs for patients	NA
Describe any training needs for contractors or other outside agencies	NA

**Check the information you have provided and ensure additional evidence can be provided if asked**

## Appendix 2 – Approval checklist

To be completed by lead and attached to any document which guides practice when submitted to the appropriate committee/group for consideration and approval.

	Title of document being reviewed:	Yes / No / Not applicable	Comments
<b>1.</b>	<b>Title</b>		
	Is the title clear and unambiguous?	Y	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Y	
<b>2.</b>	<b>Rationale</b>		
	Are reasons for development of the document stated?	Y	
<b>3.</b>	<b>Development Process</b>		
	Are people involved in the development identified?	Y	
	Has relevant expertise has been sought/used?	Y	
	Is there evidence of consultation with stakeholders and users?	Y	
	Have any related documents or documents that are impacted by this change been identified and updated?	Y	
<b>4.</b>	<b>Content</b>		
	Is the objective of the document clear?	Y	
	Is the target population clear and unambiguous?	Y	
	Are the intended outcomes described?	Y	
	Are the statements clear and unambiguous?	Y	
<b>5.</b>	<b>Evidence Base</b>		
	Is the type of evidence to support the document identified explicitly?	Y	
	Are key references cited?	Y	
	Are supporting documents referenced?	Y	
<b>6.</b>	<b>Training</b>		
	Have training needs been considered?	Y	
	Are training needs included in the document?	Y	

	Title of document being reviewed:	Yes / No / Not applicable	Comments
<b>7.</b>	<b>Implementation and monitoring</b>		
	Does the document identify how it will be implemented and monitored?	Y	
<b>8.</b>	<b>Equality analysis</b>		
	Has an equality analysis been completed for the document?	Y	
	Have Equality and Diversity reviewed and approved the equality analysis?	Y	
<b>9.</b>	<b>Approval</b>		
	Does the document identify which committee/group will approve it?	Y	
<b>10.</b>	<b>Publication</b>		
	Has the policy been reviewed for harm?	Y	
	Does the document identify whether it is private or public?	Y	
	If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	NA	

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## Appendix 3 – Letter of appointment- Associate Hospital Manager

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[Name]

[Address]

Further to your offer of appointment to the role of Associate Hospital Manager for Tees, Esk and Wear Valleys NHS Foundation Trust ("the Trust") this letter sets out the main terms of your appointment. If you are unhappy with any of the terms, or need any more information, please let me know.

By accepting this appointment, you agree that this letter is a contract for services and is not a contract of employment and you confirm that you are not subject to any restrictions which prevent you from undertaking this role.

Subject to the remaining provisions of this letter, your appointment shall be for an initial term of 3 years commencing on [DATE] until [date] unless terminated earlier by either party providing confirmation in writing to bring the arrangement to an end. Neither party is required to provide advance notice of termination.

### 1. Duties and Responsibilities

You will be accountable to the Chair of the Trust. Section 23 of the Mental Health Act (the Act) gives Hospital Managers the power to discharge most detained patients and all Supervised Community Treatment patients. The Trust must arrange for its power to be exercised on its behalf by a Manager's Panel.

The Main duties of a Hospital Manager are:

- To consider the evidence presented, both written and verbal to ascertain whether grounds for continued detention or Supervised Community Treatment under the Act are satisfied.
- To adopt and apply a procedure that is fair and reasonable.
- Not make irrational decisions – that is, decisions which no manager's panel properly directing itself as to the law and on the available information, could have made.
- Not act unlawfully.
- To be prepared to consider the views of patient's relative and carers.
- To give full weight to the views of all the professionals concerned in the patient's care.

It should be noted that these duties and responsibilities may be subject to change in the light of changes to legislation and guidance.

### 2. Evaluation Process

At a point during your engagement the Trust will endeavour to undertake an evaluation process with you to discuss your development needs. This may include progression to Panel Chair (full training will be provided). The evaluation process will be conducted by a trained appraiser from within the Mental Health Act Department.

Your continued appointment under the terms of this letter is subject to your continued satisfactory performance.

### **3. Fees and expenses**

The Trust will reimburse you for incidental and travel expenses necessarily incurred in the course of the performance of your duties. There is a honorarium payment of £40 that may be claimed by panel members on each occasion they attend a review and £50 for panel chair. These sums will be paid to you monthly in arrears through PAYE after deduction of any taxes and other amounts that are required by law. These rates may vary and will be advised from time to time. It is the personal responsibility of each individual Associate Hospital Manager to ensure that they take such steps as necessary to inform any relevant body (eg HMRC, Department of Works and Pensions etc) of any income.

You are not entitled to receive any other fees or expenses other than as set out above.

### **4. Location of Performance of Duties**

You will perform your duties at such sites agreed with you by The Trust. You may also be requested to undertake duties at locations outside the Trust.

### **5. Attendance at Panel**

Your attendance at panel will be arranged through the Mental Health Legislation Advisors in accordance with the needs of the service and your own availability.

Associate Hospital Managers must attend at least 12 panels a year in order to ensure that consistency is achieved, and their skills level maintained.

If it becomes apparent that the number of hearings that an Associate Hospital Manager is attending is giving cause for concern, they will be contacted by the MH Legislation team manager to review the situation.

All Associate Hospital Managers must attend for training in relation to their role as required by the Trust. Failure to do so may result in the termination of this contract. Attendance at training does not attract a fee, only travelling expenses.

### **6. Confidentiality**

In the course of your duties, you will acquire and will have access to confidential information which must not be disclosed to any other person unless in the pursuit of your duties or with specific permission given by the Trust.

This applies particularly to information relating to patients, clients, individual staff records and details of contract prices and terms. You are required to ensure that information about patients is safeguarded to maintain confidentiality and is kept securely in accordance with NHS requirements. The Trust will provide regular training on Information Governance. If you are in any doubt, check with The Mental Health Legislation team manager.

Breaches of confidentiality may lead to your appointment being terminated.

The Data Protection Act 1998 reinforces the long-standing contractual obligation of confidentiality and regulates the use of all information relating to any living identifiable individual that the Trust may hold, regardless of the media in which it is held. This information may be as basic as name and address. Unauthorised disclosure of any of this information may be deemed a criminal offence. If you are found to have permitted the unauthorised disclosure of any such information, you and the Trust may face legal action.

You must not, whether during the term of your appointment with the Trust, or afterwards, unless expressly authorised, make any disclosure to any unauthorised person, or use any confidential information relating to the business affairs of the Trust.

Nothing contained in this clause shall have an impact on your ability to make any disclosure in accordance with the Public Interest Disclosure Act 1998, as set out in the clause below.

## **7. Raising concerns/Whistle Blowing**

You should raise any complaints against the Trust initially with the MH Legislation Team Manager.

You should raise any concerns or issues in relation to other Associate Hospital Managers initially with the MH team manager.

The Trust encourages individuals to raise concerns about malpractice, patient safety, financial impropriety, bribery, criminal offences, or any other serious risks and to be protected from victimisation or recrimination for doing so. Further information can be found within the Trust Raising Serious Concerns/Whistle Blowing Procedure which can be found on the Trust Website.

## **8. Reporting of Accidents/Incidents**

If, while undertaking your duties, you are in any way involved in an accident/incident, however minor, you must report it to the Mental Health Legislation team manager.

## **9. Health and Safety**

It is the policy of the Trust to do all that is reasonably practicable to prevent personal injury to employees, damage to property and to protect everyone from foreseeable work hazards.

You must therefore always comply with the Health and Safety at Work Act 1974, the Management of Health and Safety at Work Regulations 1999 and all other relevant statutory provisions.

## **10. Personal Property**

The Trust will not accept responsibility for damage to, or loss of, personal property whilst undertaking your duties as Associate Hospital Manager.

## **11. General Misconduct**

Complaints or allegations made against you will be dealt with accordingly. Allegations or concerns raised which are deemed to be of a such a serious nature may result in the termination of your appointment without notice.

## **12. Termination of your appointment**

Your appointment may be terminated by the Trust in circumstances where you have:

- a) committed a material breach of your obligations under this letter;
- b) committed any serious or repeated breach or non-observance of your obligations to the Trust;

- c) been guilty of any fraud or dishonesty or acted in any manner which, in the Trust's opinion, brings or is likely to bring you or the Trust into disrepute or is materially adverse to the Trust's interests;
- d) been convicted of an arrestable criminal offence

Or for any other reason as set out in this letter of appointment, or for any other reason, at the sole discretion of the Trust.

### **13. Notification of Changes of terms of appointment**

You will be notified, in writing, of any variations to the terms of your appointment. Wherever possible any variations will be agreed prior to implementation.

### **14. Declaration of Interest**

You must declare any interest, including paid or unpaid work or employment held personally or by a member of your family, in any commercial, private, voluntary, or other organisation which provides or might reasonably be expected to provide goods and/or services to service users or relatives or to any NHS organisation in competition with the Trust. Failure to do so may result in the termination of this appointment.

Declaration of other appointments for panels outside of the Trust must be made to the MH Legislation team manager.

### **15. Entire agreement**

This letter constitutes the entire terms and conditions of your appointment and supersedes and extinguishes all previous agreements, promises, assurances, warranties, representations and understandings between you and the Trust, whether written or oral, relating to its subject matter.

### **16. Governing law and jurisdiction**

Your appointment with the Trust and any dispute or claim arising out of or in connection with it or its subject matter or formation (including non-contractual disputes or claims) shall be governed by and construed in accordance with the law of England and Wales and you and the Trust irrevocably agree that the courts of England and Wales shall have exclusive jurisdiction to settle any dispute or claim that arises out of or in connection with this appointment or its subject matter or formation (including non-contractual disputes or claims).

### **16. Acceptance of the Terms and Conditions Specified**

If you agree to accept the terms of your appointment as specified above, please sign the form of acceptance at the foot of this page and return one copy of the document to the Human Resources Department as soon as possible. A second copy of the document is attached, which you should also sign and retain for future reference.

SIGNED .....DATE .....

Associate Director of Human Resources

On behalf of Tees, Esk and Wear Valleys NHS Foundation Trust

**FORM OF ACCEPTANCE**

I hereby accept the appointment of Associate Hospital Manager on the terms of the engagement as outlined above. This offer, and the acceptance of it, shall together constitute an agreement between the parties.

Print Name: .....

Signed:..... Date:.....

Return address  
Human Resources Department  
Flatts Lane Centre  
Flatts Lane  
Normanby  
Middlesbrough  
TS6 0LZ