



Public – To be published on the Trust external website

Title: Hospital Manager Procedure

Ref: MHA-0004-001-v1

Status: Approved

Document type: Procedure

Contents

1	Introduction	3
2	Purpose	3
3	Who this procedure applies to	3
4	Related documents	3
5	Hospital Manager Meetings	3
5.1	Appeal Meetings.....	4
5.2	Renewal Meetings.....	4
5.3	Nearest Relative Barring Meetings.....	5
6	Restricted Patients	6
7	Meeting Format.....	6
7.1	Face to Face Meetings.....	6
7.2	Video Meetings.....	6
7.3	Hybrid Meetings	7
7.4	Changing Meeting Format.....	7
8	Reports.....	7
9	Attendees	8
10	Disputes	9
11	Difficulties in information sharing	9
12	Hospital Manager Role.....	9
13	Recording of Meetings.....	10
14	Documentation	10
15	Terms and definitions	10
16	How this procedure will be implemented	11
16.1	Training needs analysis.....	11
17	How the implementation of this procedure will be monitored	12
18	References	12
19	Document control (external).....	12
Appendix 1 - Equality Analysis Screening Form		14
Appendix 2 – Approval checklist.....		17

1 Introduction

This procedure is required to give guidance and principles on how Hospital Manager review meetings are conducted for patients under the Mental Health Act (MHA) as these meetings are a legal requirement and an important part of respecting patients' rights.

This procedure is critical to the delivery of [Our Journey To Change \(OJTC\)](#) and our ambition to co-create safe and personalised care that improves the lives of people with mental health needs, a learning disability or autism. It helps us deliver our three strategic goals as follows:

This procedure supports the trust to co- create a great experience for all patients, carers and families from its diverse population by helping to promote choice and control in how we arrange Hospital Manager review meetings.

This procedure supports the trust to co-create a great experience for our colleagues by trying to create a workplace that is fit for purpose by giving guidance on smarter ways of working through a mix of in person and video meetings.

2 Purpose

Following this procedure will help the Trust to:-

- Be responsible in meeting its legal requirements in relation to reviews of Mental Health Act detentions by the Hospital Managers.
- Arrange and facilitate Hospital Manager meetings in a fair and consistent way that supports patients in a respectful, caring and compassionate way.
- Help include patients in the delivery of their care.

3 Who this procedure applies to

This procedure applies to all patients who are detained under the Mental Health Act or are on a Community Treatment Order (CTO).

4 Related documents

This procedure describes what you need to do to set up Hospital Manager meetings and supports the [Associate Hospital Managers Policy](#).

5 Hospital Manager Meetings

The three different types of Hospital Manager meetings are appeals, renewals and nearest relative barring meetings. A patient must be seen at renewal and consideration will be

given any time a patient appeals. All Hospital Manger meetings will be arranged and co-ordinated by the Mental Health Legislation Team.

5.1 Appeal Meetings

A patient detained under the MHA or on a Community Treatment Order (CTO) can appeal to the hospital managers at any time. For more information on how to appeal please see the [132 Providing information to patients and relatives policy](#).

The [Mental Health Act Code of Practice](#) states the Trust should consider a review of detention when a patient appeals. While most appeals will be arranged, there may be times an appeal meeting is not arranged. Examples may include, but are not limited to:

- Less than a month has passed since a patient has been reviewed by the Hospital Managers **and** there has been no change in clinical presentation.
- Hospital Managers have no power to discharge patients on holding powers, s135 or s136 (CoP, 38.2, p385)
- If a patient has recently been seen by, or is due to be seen by, the mental health tribunal.

For further information please see chapter 38 of the Code of Practice

If there is any doubt that an appeal meeting should take place the Mental Health Legislation team will discuss with clinical service to determine the best way forward (also see section [10 Disputes](#)).

The MHL team will try to arrange appeal meetings for section 2 patients within 5 working days, and 10 working days for all other sections. There may be times this is not possible, and meetings will be arranged as soon as is possible.

5.2 Renewal Meetings



The Hospital Managers must undertake a review if the patient's responsible clinician renews the detention or extends the CTO.

Renewal meetings can take place anytime within 2 months before the expiry date. The MHL team will be responsible for reminding the RC that a section, or CTO, is due to expire and will chase the relevant renewal form.

Renewal meetings should take place before the date the section is due to expire and only in exceptional circumstances should a meeting take place after the date of renewal. Examples may include but are not limited to:

- A patient wants to rearrange their meeting so someone important to them can attend such as a family member or legal representative.
- A patient has transferred into the Trust close to the renewal date and there is insufficient time to set a meeting up.



If a patient appeals within 2 months of an expiry date, then the MHL team will usually combine an appeal and renewal into one meeting. Only in exceptional circumstances would 2 separate meetings be arranged.

The MHL team will contact the clinical team to see if the patient is contesting their renewal or now. Only when a patient has capacity and decides they do not want to contest will it be classed as a non-contested renewal. In all other cases it will be classed as a contested renewal.



It is the responsibility of the clinical team to assess capacity around contesting the renewal of detention.

Renewal meetings must take place even though the patient has not requested this. While the Trust always encourages involvement in care, there is no expectation that the patient attends or is involved if they do not want to be.

5.3 Nearest Relative Barring Meetings

Within the MHA, the nearest relative (NR) has the power to discharge their relative from detention. The NR must give the notification of intent to discharge in writing to the hospital managers and must give 72 hours' notice. The RC can bar the discharge and if this happens a hospital manager meeting will take place. This is known as a nearest relative barring meeting.

The barring meeting will follow the same format and time scale as an appeal meeting in section [5.1](#) of this procedure.



The Trust has sought legal advice on nearest relatives bringing their own legal representation to a manager's meeting. Although they are entitled to bring their own legal representative to a meeting, they can only attend as an observer.

6 Restricted Patients

The Hospital Managers have no power to discharge part 3 patients that are restricted (e.g section 37/41). This does not prevent a restricted patient requesting a review by the hospital managers. In such cases the reasons for appeal should be established and what the patient hopes the outcome will be. In all case the role of the Hospital Managers should be clearly explained to the patient and that a review cannot result in discharge from detention. If the patient is seeking discharge, then an appeal the tribunal should be explored. It should then be determined on a case-by-case basis if it is appropriate to undertake a review by the Hospital Managers.

7 Meeting Format

On identifying that a manager's meeting needs to be arranged, the MHL team will follow their internal standard operating procedure for setting up a meeting. A copy of this is available on request.

Until March 2020 all Hospital Manager meetings took place on a face-to-face basis. During Covid-19, meetings moved to MS Teams. Following a review of meeting formats, the evidence shows that the use of video has no effect on the running or outcome of Hospital Manager meetings. The feedback from the review highlighted the interpersonal benefits of face-to-face meetings, but also that the efficiency and convenience of video meetings was valued. It was also clear that hybrid meetings were not supported.

The Mental Health Tribunal service has issued guidance that they will offer patients the choice of face-to-face or video hearings. They will not offer hybrid meetings.

Hospital Manager reviews will follow similar principles to the tribunal service where the MHL team will liaise with the clinical team to see if patients want:

- Face-to-face meeting
- Video meeting
- Do not have a preference

7.1 Face to Face Meetings

Where patients opt for face-to-face this will be accommodated and only in exceptional circumstances would a video hearing be arranged instead.



The expectation is that as a patient has requested a face-to-face meeting all participants attend in person.

7.2 Video Meetings

If a patient chooses video, or does not express a preference, then a video meeting will be arranged. If there are exceptional circumstances where it is felt a face-to-face meeting

would be more appropriate, then this should be discussed and agreed between the clinical team, the MHL department and where applicable the patient.

7.3 Hybrid Meetings



Based on the review of Hospital Manager meetings, and the guidance of the tribunal service, hybrid meetings should be an exceptionally rare occurrence and will only be considered in the circumstances below:

If there is advance notice that someone cannot attend a face-to-face meeting, then every effort should be made to find someone to deputise. If a deputy cannot be found, it is still unlikely that a hybrid meeting would be appropriate. If there is time to rearrange a meeting this should be done as the patient has requested a face-to-face meeting.

On rare occasions there may be short-term notice that someone cannot attend in person, cannot be deputised, but is able to attend virtually. In this case, if the MHL team confirm that postponing would not risk breaching any legal requirements then then patient should be given the choice of a hybrid meeting or postponing so a full face-to-face meeting can be arranged. It is likely this will only be applicable for appeal or NR barring meetings.

Only if the MHL team conclude that postponing is likely to breach a legal requirement will a hybrid meeting go ahead without consulting the patient.



While the Trust will endeavour to promote and respect patient choice, meeting the legal requirements for Hospital Manager reviews will take priority.

7.4 Changing Meeting Format

Patients retain the right to change their mind on their meeting preference. While it will nearly always be possible to switch to a video meeting, it will not always be possible to switch from video to a face-to-face meeting due to factors such as room availability and travel arrangements. If it is not possible to make this change then the meeting will normally go ahead as the patient has originally requested.

8 Reports

For any type of Hospital Manager meeting the MHL team will send a report template. This will be the template provided by the mental health tribunal service. While there are occasions an alternative template needs to be used, staff are encouraged to complete the standard template.

For all hospital manager reviews the following reports need to be produced:

Reports Required

Detained in Hospital	<ul style="list-style-type: none"> • Responsible Clinician • Social circumstances • Inpatient nursing report • Statement by responsible authority
CTO	<ul style="list-style-type: none"> • Responsible Clinician • Social circumstances • Statement by responsible authority

The MHL will request reports and make efforts to ensure they are received in a reasonable time. For renewal meetings clinicians will normally be given two weeks. If more time is required, this should be arranged with the MHL team.

Once reports are received the MLH team will add to the electronic patient record as part of the MHA documents and send a copy of all reports to the patient.



It is the responsibility of the report writer to ensure the content of the report is suitable to share with the patient (see 6.5 below)

9 Attendees

The MHL team will co-ordinate attendees at all Hospital Manager meetings and may include the following:

- The patient
- Responsible Clinician
- Named nurse
- Care co-ordinator or community representative
- Legal Representatives
- Independent Mental Health Advocate
- Nearest Relative



If an interpreter is required, this will be arranged and paid for by the clinical team.

Minimum attendance of clinicians that is required for meetings is set out below:

Type of Meeting	Attendance
Appeals	RC or deputy
NR Barring	Community staff
Contested renewals	Inpatient nurse (for detained patients only)
Non-contested renewals	Only one of the above is required to attend.

The RC may decide it is appropriate to send a deputy to present their report and answer any questions the Managers may have. However, the RC should remain available and be contactable in case any issues or points to clarify arise during the meeting.

The inpatient and community representative will usually be a member of the nursing staff but may be another profession such as a patient's social worker and does not necessarily have to work for TEWV.



Nursing representation from within TEWV must be a registered nurse. Associate registered nurses cannot attend managers meetings on their own.



Any member of staff attending a manager's meeting to give evidence must have read the report they are presenting and know if the report is recommending continued detention or not.



It is always preferable that the author of a report attends a manager's meeting. While team managers should make efforts to arrange this, it is recognised that this is not always possible, especially for appeal meetings.

10 Disputes

In exceptionally rare cases there may be a dispute about an appeal to the hospital managers being arranged. In such cases a panel of three Associate Hospital Managers should decide if the case should go ahead.

Where there is a dispute between clinical teams as to who will complete reports this will be escalated through the line management of the involved teams to make a decision on who completes the report.

11 Difficulties in information sharing

On occasion there will be information that the Hospital Managers will need to know, but the clinical team do not want disclosing to the patient (e.g., covert medication). In such cases the information should be provided as a separate addendum to the MHL team and clearly state the information is not to be disclosed to the patient.

12 Hospital Manager Role

Every Hospital Manager meeting will consist of a panel of three managers. One of the managers will be identified as the chair of the meeting and be recorded as such. The managers will meet at least 15 minutes before the start of the meeting to co-ordinate their approach to the meeting and discuss and resolve any issues identified within the report.

Before the meeting starts the patient will be given the opportunity to speak to the panel alone so long as there are no risks to the patient or panel members.

Clinicians will be invited to give updates on the reports that have been submitted. Where applicable, the patient and others attending the meeting will be asked to share their views. The role of the Managers is to determine if the criteria for detention are still met.

After hearing the oral evidence, the chair of the meeting will always identify who will inform the patient of the outcome once a decision has been reached. Where it is safe and practicable, the chair should attend to give the patient the decision. If it is not possible for the chair to do this, a member of the clinical team will be identified.



Hospital Managers will never discuss or deliberate the evidence until everyone has left the meeting room. The only other person who can remain is a member of the MHL team who is responsible for overseeing the process.

13 Recording of Meetings

The Trust has had legal advice on the recording of Hospital Manager hearings. Video or audio recording are not permissible unless prior agreement has been obtained. There are rare occasions that a patient may want to record a meeting and review it later. For example, if they have memory or hearing problems or English is not their first language. In any case where a patient wants to record a meeting a request should be made with the MHL team before the meeting is due to take place. Reasons for wanting to record the meeting should be made clear and the guidance in [Use of Visual and Audio Recordings in Clinical Procedures](#) policy should be followed.



If anyone suspects a meeting is being covertly recorded without prior permission, they should ask the chair to adjourn the meeting as soon as possible. Ultimately there must be a valid reason to record a hospital manager hearing and the patient must consent to a recording taking place.

14 Documentation

All documentation and letters, apart from statutory MHA documents, are locally devised forms that are held within the MHL team. The MHL team have discretion to amend these documents as required. Any document that is a requirement of the legal process associated with Hospital Manager reviews will be scanned into the electronic patient record and originals kept in the MHL department until the patient is discharged.

15 Terms and definitions

Term	Definition
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.
Associate Hospital Manager	These are volunteers who are appointed for the sole purpose of reviewing detentions of patients that are held under the MHA. Throughout this procedure the term 'Hospital Manager' is used to describe Associate Hospital Managers.
Manager's 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 (RC)	This is the person who is in overall charge of the care and treatment of a detained patient.
Face-to-face meeting	A meeting where all participants attend in person
Video meeting	A meeting where all participants attend virtually. Within the Trust MS Teams is used for this purpose.
Hybrid meeting	A meeting that is arranged to take place in person but has some participants attending virtually

16 How this procedure will be implemented

- This procedure will be published on the Trust intranet and on the external website
- Line managers will disseminate this policy to all Trust employees through a line management briefing.

16.1 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
Clinical staff with a professional registration	E-learning	3 hours	Every 2 years
Clinical staff without a professional registration	E-learning	3 hours	Every 2 years

17 How the implementation of this procedure 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	Ensure all Hospital Manager meetings are held where required	MHL team will audit this process	Mental Health Legislation Committee
2	Monitor the number of occasions the Hospital Managers discharge a patient and if this is done against clinical recommendations	MHL will monitor and record this	Mental Health Legislation Committee

18 References

[Mental Health Act Code of Practice](#)
[Associate Hospital Managers Policy](#)

19 Document control (external)

To be recorded on the policy register by Policy Coordinator

Date of approval	08 November 2022
Next review date	08 November 2025
This document replaces	N/A – new document
This document was approved by	Mental Health Legislation Committee
This document was approved	08 November 2022
This document was ratified by	n/a
This document was ratified	n/a
An equality analysis was completed on this policy on	31 Aug 2022 (email)
Document type	Public

FOI Clause (Private documents only)	NA
-------------------------------------	----

Change record

Version	Date	Amendment details	Status
v1.0	08 Nov 2022	New procedure – effective 05 Dec 2022	approved

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	Hospital Manager Procedure
Type	Procedure/guidance
Geographical area covered	Trust wide
Aims and objectives	To provide a consistent approach to fulfilling the legal requirements of detained patients in respect of hospital manager reviews.
Start date of Equality Analysis Screening	21/02/2022
End date of Equality Analysis Screening	28/10/2022

Section 2	Impacts
Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?	This procedure benefits patients and staff by giving guidance on how Hospital Manager meetings should be set up and conducted.
Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups?	<ul style="list-style-type: none"> • Race (including Gypsy and Traveller) NO • Disability (includes physical, learning, mental health, sensory and medical disabilities) NO • Sex (Men, women and gender neutral etc.) NO • Gender reassignment (Transgender and gender identity) NO • Sexual Orientation (Lesbian, Gay, Bisexual, Heterosexual, Pansexual and Asexual etc.) NO

	<ul style="list-style-type: none"> • Age (includes, young people, older people – people of all ages) NO • Religion or Belief (includes faith groups, atheism and philosophical beliefs) NO • Pregnancy and Maternity (includes pregnancy, women who are breastfeeding and women on maternity leave) NO • Marriage and Civil Partnership (includes opposite and same sex couples who are married or civil partners) NO • Veterans (includes serving armed forces personnel, reservists, veterans and their families) NO
Describe any negative impacts	NA
Describe any positive impacts	

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 Patient/staff feedback Guidance from HM courts and tribunal service
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	Feedback questionnaire was sent to all Trust staff and distributed to patient and carers through the user involvement team. Engagement sessions were held with the hospital managers. The procedure was sent for a 6-week Trust wide consultation period. Equality and diversity team were consulted.

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
1.	Title		
	Is the title clear and unambiguous?	Y	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Y	
2.	Rationale		
	Are reasons for development of the document stated?	Y	
3.	Development Process		
	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	
4.	Content		
	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	
5.	Evidence Base		
	Is the type of evidence to support the document identified explicitly?	Y	
	Are key references cited?	Y	
	Are supporting documents referenced?	Y	
6.	Training		
	Have training needs been considered?	Y	
	Are training needs included in the document?	Y	

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