

Volunteer Hospital Managers Policy



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VOLUNTEER HOSPITAL MANAGERS POLICY

1. INTRODUCTION

- 1.1 In considering this Policy it is important to clarify the identity of “Manager” as mentioned within this document.

The ultimate Managers of Ellern Mede Services are the Board of Directors of Oak Tree Forest Limited, however they delegate the bulk of their managerial responsibilities (within the meaning of the Mental Health Act) to staff within Ellern Mede Services, i.e. the Centre Manager and the Mental Health Act Administrator.

The single exception is the responsibility that the Managers have for appeals against a renewal of detention. In line with the guidance of the Code of Practice, it is not felt appropriate for appeals against detention and renewal to be carried out by those who have a financial interest in that hospital. To overcome any possible criticism, responsibility for hearing appeals against a renewal of detention is delegated to a sub-committee of lay people with no financial interest in the hospital. The terms of reference of this group who somewhat confusingly are also known as “The Managers” is strictly to hear appeals against, and to review renewals of patients’ detention.

Thus when reading this Policy it is important to discriminate between the Managers as a lay group and Managers as staff of Ellern Mede Services.

2. POLICY STATEMENT

- 2.1 Ellern Mede Services will effect timely Hospital Managers’ meetings, adhering to guidance stipulated in the Mental Health Act and Code of Practice 1983.

3. CONSTITUTION AND PROCEDURES

- 3.1 The Hospital Managers have the function of reviewing:

A renewal by the RC of a detention of Section 3, 37 or 37 (N), 5 CPIA on Form 30)

The case of any detained patient who has appealed to the Panel for discharge (or, for Restricted patients, possible recommendations to the Home Office for discharge). The Hospital Managers function in both of the above cases is

identical as their remit is to determine from the evidence whether in their view the relevant professionals opinions that the patient should continue to be detained, can be supported.

In the above context, the term “discharged” means that the Hospital Managers may discharge the patient from the Section. The patient may still be prepared to remain in hospital informally, should this be acceptable to hospital staff, but the feasibility and legality of this is something which should be discussed with the patient and the RC at the time.

The Hospital Managers will be appointed by the Hospital Manager.

Each member of the Panel will be provided with a copy of the policy/procedure as amended from time to time, and also a copy of the Mental Health Act Code of Practice – their attention is drawn to Section 22 and Section 23, para.23.4 in particular. The Hospital Managers are specifically invited not to confuse the duties delegated to it by the Hospital Manager with all (Managers) other duties which remain the responsibility of the hospital.

3.2

Constitution:

Panel members are persons who, having no business interest with nor being employed either directly or indirectly by the company, are appointed by the Hospital Manager (after approval of their formal application and CRB) to independently fulfil the above functions on behalf of the hospital’s managers.

The number of Panel members required for a review panel is three or more. A lesser number may not assume any review functions.

It is the duty of any Panel member who feels he has a conflict of interest in any particular case, to withdraw from a review group; however, he shall not be required to give his reasons for this.

In order to reach a decision concerning the possible discharge of a patient from detention, the Hospital Managers will, after discussion of the facts of the case, vote informally on whether this should be effected. A unanimous decision must be made. Any dissenting member has the right to record their dissent and reasons for this, and for this to be passed to the MHA Administrator or Hospital Manager.

The unanimous decision of a properly constituted review group of the Hospital Managers, shall be sufficient in law to discharge the hospital's duties as regards the above functions.

Such decisions shall have lawful effect as regards continuation or discharge of a patient's Section, regardless of any contrary views held by other persons (provided always that proper consideration has been given to the views represented to the Panel by the patient's RC, hospital Social Worker or other persons connected with the case).

The Panel shall, whenever they believe discharge to be the most appropriate course of action, advise the RC of this and ascertain his further views before reaching a final decision.

3.3 **Procedures For Review:**

It is for Panel members to decide how to review, bearing in mind that the following are necessary;

- To ensure the proceedings are conducted in adequate privacy.
- To balance informality and the gravity of the task; they are reviewing a patient's continued detention.
- To ensure they actively and positively question the RC and other professionals involved about any relevant issues requiring clarification.
- To ascertain, if present at the meeting, the views of the nearest relative, if applicable in writing.

Whilst patients will be given the opportunity to attend, renewals may be considered in their absence; however, for application for discharge requests, the patient must be seen. (The Panel should satisfy themselves that any withdrawal of such a request does represent a patient's true wishes). If a patient cannot attend a discharge application to the meeting, it must be re-scheduled.

To ensure the patient has all necessary assistance to explain why he/she wishes to be discharged, and to allow him to be accompanied and supported by a member of staff, friend or representative of his choice, to help put his point of view; (however, if a patient intends to be legally represented, they must give sufficient notice of this to be arranged.

To allow all parties the opportunity of speaking to the Panel alone, and subsequently to allow all parties to hear each other's accounts and put questions to each other; the patient should in any case – in accordance with natural justice- be interviewed last of all.

For discharge requests, to explain to the patient, in person if practicable, the reasons for their decision.

The Panel shall specifically consider:

- The patient's current mental state and whether he/she appears to suffer from a Mental Disorder of a nature or degree which makes it appropriate for him to receive treatment in hospital. (Would other methods of care or treatment be appropriate?).
- Whether it seems likely that treatment will alleviate or prevent a deterioration of the patient's condition.
- Whether it is necessary for the patient's health or safety or the protection of other persons that detention continue.

In every case the Panel shall be provided with the hospital's standard Medical and Social Work reports.

Case files, legal papers or other documents relating to the case will be made available to the Panel on request.

It is the absolute responsibility of the Panel to maintain the confidentiality of any papers forwarded to them for the purpose of their task and each should make appropriate domestic arrangements for the care of these papers, returning them to the hospital manager for destruction after the meeting.

3.4 Recording of decisions:

In the case of a renewal review, the Panel's decision shall be recorded on the Record of the Meeting document (Appendices A and B). No information other than the supporting signatures should be added to the Form 30.

Any additional information, which the Panel might wish to record should be added on a separate sheet and brought to the attention of the hospital manager.

In the case of an application for a discharge request, the Panel shall record their decision on the hospital's standard recording form, together with a brief but adequate record of their reasons for the decision.

The Hospital Manager's decision following the review, and the reasons for it, should be recorded. The decision should be communicated immediately, both orally and in writing, to the patient, to the nearest relative with the patient's consent and to the professionals concerned. At least one of the members of the panel should see the patient to explain in person the reasons for the decision. Copies of the papers relating to the review, and the formal record of the decision, should be placed in the patient's records.

Panel members have the right to bring to the Hospital Manager's attention any general concerns they might have about the patient's care and treatment or about any additional privileges which they feel it might be appropriate for the patient to receive. They also have a duty to advise the hospital management of any matters which they feel ought to be investigated or which the patient has brought to their attention and which might be construed as a complaint. They shall have no executive role in these matters; however, they have the right to subsequently be provided with a report in any such matter, on request.

3.5

Complaints investigation:

The Hospital Manager may, at his absolute discretion, and with the agreement of individual Panel members, arrange for the involvement of one or more of their members as an independent investigator/arbitrator/observer or in such other capacity as seem proper, in any complaint investigation where this should appear to be inappropriate.

Appendix A

Mental Health Act Managers – Review of Detention Renewal

RECORD OF MEETING

Date:

Location:

PANEL Chair: 2 nd Member: 3 rd Member:			
NAMES OF KEY PERSONNEL		PRESENT	
Patient:		YES / NO	
RC:		YES / NO	
Social Worker:		YES / NO	
Key Nurse:		YES / NO	
Current Section: Expiry Date:			
Documents	RECEIVED IN ADVANCE	DOCUMENTS	RECEIVED IN ADVANCE
Legal Documents	YES / NO	Nursing Report	YES / NO
RC Report	YES / NO	Social Circumstances Report	YES / NO
Action if relevant documentation not available / not appropriate			

CHECKLIST FOR HEARING PROCEDURE

	YES	NO
Patient present throughout the hearing		
If not, why?		
Chair and panel introduce themselves to patient		
Purpose of meeting is explained		
Ask if relatives or their point of view is to be represented		
Ask patient (if willing):		
- Would he/she like to speak privately with panel at start		
- Would he/she like to speak privately with panel at end		
- To be present throughout interviews with all informants		
- If he/she wishes informants to be present throughout		
Chair proposes subsequent conduct of meeting		
RC report discussed with RC		
Social Work report discussed with Social Worker		
Other professional views heard		
Adjournment necessary		
If so give reasons:		
Patient's reasons for requesting discharge (if any)		

EVIDENCE FOR CONTINUING DETENTION	
a) is the patient still suffering from mental disorder	
b) if so, is the disorder of a nature or degree which makes treatment in a hospital appropriate?	
c) Is detention in hospital still necessary in the interests of the patient's health or safety, or for the protection of other people?	
REASONS FOR DECISION OF THE PANEL MEMBERS	
Signed: 1) 2) 3)	
Patient informed by: Date:	
Does patient wish their nearest relative to be informed of the decision by letter YES/NO Signed: Date:	

APPENDIX B

Mental Health Act Managers – Discharge Appeal to Managers

RECORD OF MEETING

Date:

Location:

PANEL			
Chair:			
2 nd Member:			
3 rd Member:			
NAMES OF KEY PERSONNEL			PRESENT
Patient:			YES / NO
RC:			YES / NO
Social Worker:			YES / NO
Key Nurse:			YES / NO
Current Section: Expiry Date:			
Documents	RECEIVED IN ADVANCE	DOCUMENTS	RECEIVED IN ADVANCE
Legal Documents	YES / NO	Nursing Report	YES / NO
RC Report	YES / NO	Social Circumstances Report	YES / NO
Action if relevant documentation not available / not appropriate			

CHECKLIST FOR HEARING PROCEDURE

	YES	NO
Patient present throughout the hearing		
If not, why?		
Chair and panel introduce themselves to patient		
Purpose of meeting is explained		
Ask if relatives or their point of view is to be represented		
Ask patient (if willing):		
- Would he/she like to speak privately with panel at start		
- Would he/she like to speak privately with panel at end		
- To be present throughout interviews with all informants		
- If he/she wishes informants to be present throughout		
Chair proposes subsequent conduct of meeting		
RC report discussed with RC		
Social Work report discussed with Social Worker		
Other professional views heard		
Adjournment necessary		
If so give reasons:		
Patient's reasons for requesting discharge (if any)		

EVIDENCE FOR CONTINUING DETENTION		
a) Is the patient still suffering from mental disorder?		
b) If so, is the disorder of a nature or degree which makes treatment in a hospital appropriate?		
c) Is detention in hospital still necessary in the interests of the patient's health or safety, or for the protection of other people?		
REASONS FOR DECISION OF THE PANEL MEMBERS		
Signed: 1) 2) 3)		
Patient informed by:		Date:
Does patient wish their nearest relative to be informed of the by letter? YES / NO		
Signed:		Date: