

Associate Hospital Managers Policy (M-029)

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1. INTRODUCTION

Hospital Managers

In England, NHS hospitals are managed by NHS Trusts and NHS Foundation Trusts, such as Humber Teaching 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. In particular, 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 actually taken by individuals (or groups of individuals) on their behalf such as mental health legislation staff and ward staff. This is called the scheme of delegation.

The power to discharge:

Section 23 of the Act gives hospital managers the power to discharge most detained patients and all CTO patients. They may not discharge patients who are held under the section 5 holding powers or in a place of safety under sections 135 or 136 or those remanded to hospital under sections 35 or 36 of the Act or subject to interim hospital orders under section 38, and they may not discharge restricted patients without the consent of the Secretary of State for Justice (MHA Code of Practice 38.2).

Exercise of power of discharge:

The hospital managers – meaning the organisation or individual in charge of the hospital – must either consider discharge themselves or arrange for their power to be exercised on their behalf by a 'managers' panel' (MHA Code of Practice 38.3).

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 Trust 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 also not be employees of the Trust and are often referred to as Associate Hospital Managers (AHM).

Please note: 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.

All staff have a statutory obligation to follow the standards and processes set out within the Mental Health Act (1983) Code of Practice 2015. The procedures outlined in this Policy are in line with the requirements of the Code. There must be no exceptions.

The aim of this Policy is to ensure that patients detained to Humber have the right to have their detention or Community Treatment Order (CTO) reviewed by the Hospital Managers. The Policy aims to provide the Hospital Managers with the necessary guidance and procedures to perform their duties and ensure that the functions of Hospital Managers are discharged effectively and lawfully.

Humber Teaching NHS Foundation Trust must ensure that there are sufficient hospital managers to meet the requirements of the MHA.

2. SCOPE

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

This policy applies to all Trust staff and the Associate Hospital Managers.

3. DEFINITIONS

Term	Definition
Approved Clinician (AC)	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 Social Work England. 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 and must be registered with their own professional bodies.
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 (RC)	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.

4. DUTIES AND RESPONSIBILITIES

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.

Chief Executive

The chief executive has overall responsibility to ensure that policies and processes are in place for patients subject to detention under the Mental Health Act.

Medical Director

The medical director as lead director is responsible for ensuring the effective implementation of the Mental Health Act including duties of the Hospital Managers.

Non-Executive Director with responsibility for mental health legislation

The Non-Executive Director (NED) will:

- Support the MHA Managers in the appointment and re-appointment of Associate Hospital Managers as a delegated function of the Board.
- Help to identify training and development needs of Associate Hospital Managers and agree a programme of training.
- Oversee a performance review of each Associate Hospital Manager at least once in every honorary contract period (usually 3 years).
- Have overall responsibility for matters relating to the competences and conduct of Associate Hospital Managers including terminating honorary contracts with Associate Hospital Managers.
- Report to the Board every three months.
- Participate in at least one Associate Hospital Managers panel for Humber Trust per year.
- Maintain close links with the Mental Health Legislation Department

Mental Health Act Clinical Manager

- Overall oversight of the appointment and review of Associate Hospital Managers and Chair of Associate Hospital Managers Forum.
- Act as a conduit for communications between the AHMs and the MHL Committee and to raise any concerns from the AHMs Forum as appropriate.

Mental Health Legislation Manager

The Mental Health Legislation Manager is responsible for

- The operational management of the functions of Associate Hospital Managers.
- Acting as a central point of contact for AHMs
- Arranging and attending quarterly AHM Forums
- Planning future / training events.
- Overseeing the effective implementation of the AHMs policies.
- Taking part in the AHMs developmental review process.
- Taking part in any AHM recruitment.
- Ensuring that systems are in place to process session remuneration and travel expenses.

MHL Administrators

The Mental Health Legislation Administrators are responsible for:

- Carrying out duties delegated by the Trust Board in the Scheme of Delegation to the MHA 1983.
- Providing advice on legislative / administration issues relating to MHL. Senior members of the team (MHL Manager and MHA Clinical Manager) are responsible for providing guidance individually on complex legal queries. They will advise on standards to be adhered to and case law updates and their effect.
- Leading the coordination and clerking of AHMs Hearings.
- Ensuring all reports are prepared and distributed in line with Trust policy.
- Ensuring that the day-to-day activities in relation to panel bookings are efficient and that hearings are distributed fairly.
- Intervening on behalf of AHMs in response to concerns they have regarding clinical issues and systems failure which may prevent them from carrying out their role; escalate to MHL Manager as appropriate.

- Ensuring that AHMs have access to relevant legal advice and support in a general and specific manner.
- Working closely with the Mental Health Legislation Manager in the selection, recruitment, appointment, and developmental review of AHMs.

Associate Hospital Managers

The Associate Hospital Managers are responsible for

- Reviewing detention and CTOs including exercising their power of discharge
- Ensuring this policy is adhered to.

5. PROCEDURES

5.1. WHO IS ELIGIBLE TO ACT AS A HOSPITAL MANAGER?

In the case of an NHS foundation Trust, a panel can consist of any three or more people appointed for the purpose by the Trust whether they are members of the Trust itself or any of its committees or sub-committees (MHA Code of Practice 38.5). The Trust Chair and non-executive directors of the Trust are eligible to sit on managers' panels.

Exclusion criteria

In NHS Trusts and NHS foundation Trusts none of the people on managers' panels may be employees of the body concerned (or executive directors of the boards of NHS foundation Trusts). People do not become employees or officers simply because they are paid a fee for serving on managers' panels (MHA Code of Practice 38.6).

5.2. RECRUITMENT AND APPOINTMENT OF AHMS

The Trust will appoint enough Associate Hospital Managers to meet the demand for manager's panels.

Applicants will need to be able to demonstrate the following:

- An interest in mental health.
- A commitment to public service.
- An understanding of equality issues.
- A good 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 sensitively.
- The ability to work as part of a team; and
- The ability to be objective and impartial.

When necessary, the Trust will advertise for Associate Hospital Managers. Appointments will follow:

- the completion of an application form.
- interview.
- 2 references.
- recommendation to NED responsible for mental health legislation.
- 3-year appointment agreed by Board.
- 3-year appointment confirmed by NED subject to satisfactory probationary period (6 months).

Any new AHMs appointed into the role will agree to attend face to face hearings as well as virtual, with the understanding that they will on occasion act as panel Chair when competent to do so.

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

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 honorary contract.

Honorary Contract requirements

Associate Hospital Manager agrees to:	The Trust agrees to:
Maintain confidentiality at all times.	Provide training for the role of the AHM.
Attend and participate in a minimum of 12 managers panels annually (unless exceptional circumstances)	Insure the AHM whilst on Trust premises.
Attend annual training and development sessions.	Indemnify the AHM in respect of performance of the role.
Adhere to relevant Trust policies.	Provide necessary administrative support.
Abide by the principles of data governance.	Provide necessary library and information resources.
Participate in an annual paper review.	

Appointments to the role of Associate Hospital Manager will be made for a fixed period of up to 3 years. At the end of this period, the AHM will have a review of their continuing suitability; reappointment (if permitted) should not be automatic and should be preceded by a review of the person's continuing suitability (MHA Code of Practice 38.9). The outcome of the review will be discussed with the NED with responsibility for MH legislation to decide whether to renew the appointment.

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 Medical Director.

5.3. INDUCTION

The Trust is committed to providing a high-quality service to patients. As part of achieving this goal, the Trust must train and monitor the effectiveness of the Associate Hospital Managers.

Induction will include:

- Providing information about the Trust (Trust induction programme).
- 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.
- Contact with the Non-Executive Director with responsibility for MH Legislation (or a designated deputy) for advice and support.
- Observation at managers panels.
- The opportunity to discuss with the panel Chair and panel members following observation at manager's panels.
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NB No AHM will sit as a member of a panel until they have completed their induction training.

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

Please note: No AHM will sit as a member of a panel until they have completed 3 observations.

5.4. PROBATIONARY PERIOD

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 AHMs performance, conduct and attendance will be reviewed by the MHL Manager after they have observed 3 managers panels.

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.

5.5. TRAINING

The Associate Hospital Manager will be accountable to the MHA Clinical Manager who will ensure that the board remains assured that those appointed properly understand their role and the working of the Act.

The Trust will ensure that people appointed to a managers' panel receive suitable training to understand the law, work with patients and professionals, to be able to reach sound judgements and properly record their decisions. This should include training or development in understanding risk assessment and risk management reports, and the need to consider the views of patients, and if the patient agrees, their nearest relative, and if different, carer (MHA Code of Practice 38.8).

As well as initial training, the Trust will provide update training. As part of the agreement, hospital managers must attend refresher training as specified in the Mandatory training requirements and will not be eligible to sit on a panel if they have not completed this.

The training will include:

- Developments in mental health.
- Developments in mental health law.
- Skill development, particularly in relation to chairing panels.
- Equality and Diversity and Human Rights Level 1 training (Three yearly)
- 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 chairing.

5.6. ASSOCIATE HOSPITAL MANAGERS' ROLES AND RESPONSIBILITIES

The role of the panel Chair is to: -

- Carry out introductions and all pre-planning requirements (on checklist).
- Ensure all participants are aware what is expected at the hearing in relation to respecting others and making them aware that the hearing may be stopped if this doesn't happen.
- Ensure all participants are aware that the hearing must not be recorded.
- Lead the discussions and ensure that each panel member is actively engaged in the hearing process and has opportunity to ask questions and participate in decision making.
- Listen to and actively question the Patient, Family members, Advocate, Consultant Psychiatrist, Approved Mental Health Practitioner, Nurse and any other appropriate personnel at the review meeting, and call for additional information if required, adjourning the review if necessary.
- Summarise group discussion and present findings.
- Make rational decisions based on information provided, properly directed as required by the Mental Health Act.
- Clearly document the Panel's decision in writing by completing the decision form provided. The completed decision form will be returned to the MHL Office via email.
- Be responsible for the quality of the process, i.e., ensuring that processes are timely, standards are adhered to, and decisions are reached appropriately.
- Consider at the time any concerns regarding a fellow Panel member's performance, and with the individual where this is appropriate, and shared with the MHL Office.

The role of the panel members is: -

- Ensure read and understand pre-prepared reports.
- Actively engage in the hearing and support the panel Chair in facilitating discussion.
- Actively listen to all participants including the patient and their family.
- Ensure awareness of need to question and challenge sensitively.
- Ensure any questioning is relevant to the context of the hearing.
- Effectively contribute to debate and decision making.
- Ensure have an understanding of and commitment to equality issues.
- Respect issues of confidentiality.
- Ensure remain objective and impartial.
- To consider the evidence presented, both written and verbal to ascertain whether grounds for continued detention or Community Treatment Order under the Act are satisfied.
- To adopt and apply a procedure that is fair and reasonable.
- To make rational decisions based on proper direction to the law and on the information available.
- 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 amendments to legislation and guidance.

5.7. FEES AND EXPENSES

The Trust will reimburse AHMs for incidental and travel expenses necessarily incurred in the course of the performance of their duties at the agreed rate. There is a fee paid, as decided by the Trust with an additional uplift for the panel Chair, that may be claimed by panel members on each occasion they attend a session. A session is classed as 4 hours. In the event a session goes over 4 hours 2 payments can be claimed. These sums will be paid to AHMs every month following submission by the mental health legislation manager. These rates may vary and will be reviewed

by EMT on an annual basis. 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 (e.g., HMRC, Department of Works and Pensions etc) of any income. AHMs are not entitled to receive any other fees or expenses other than as set out above.

If a Hearing is cancelled within the 24 hours before the pre-arranged Hearing, then AHMs will still receive their payment.

5.8. LOCATION OF PERFORMANCE OF DUTIES

AHMs will perform their duties at such sites agreed with them by The Trust but could potentially be at any location either owned by Humber TFT or agreed with the patient and clinical team. The AHMs may also be requested to undertake duties at locations outside the Trust as part of a Service Level Agreement with our Acute Trust colleagues.

Pandemic period

During the Covid-19 pandemic the AMH reviews/hearings, as well as First Tier Tribunals, moved to remote Hearings and this will continue until the risks have lowered significantly. The Trust are waiting to ascertain the way forward of the Tribunal service before making any decisions about returning the AHM reviews/hearings to the wards.

Attendance at Panel

The AHM attendance at panel will be arranged through the Mental Health Legislation Administrators in accordance with the needs of the service and the AHM's own availability.

Associate Hospital Managers must attend at least 10 panels a year (unless exceptional circumstances) 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 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.

5.9. REVIEW PROCESS

The review process is a partnership between the AHM and the Trust. It is a two-way process that ensures that all individuals receive a regular performance review, focussed on reflection, evaluation and identification of any development needs, and gives the opportunity to feed back issues and perceptions regarding process and organisational issues.

The review also ensures compliance with the Mental Health Act Code of Practice by:

“Ensuring that the people appointed properly understand their role and the working of the Act... [and] that people appointed to a managers' panel receive suitable training to understand the law, work with patients and professionals, to be able to reach sound judgements and properly record their decisions. This should include training or development in understanding risk assessment and risk management reports, and the need to consider the views of patients, and if the patient agrees, their nearest relative, and if different, carer.” (Paragraph 38.8 MHA Code of Practice 2015)

Interim Annual review

An interim annual review will be a paper review via the completion of a pro-forma template (Appendix 1), which will be completed by the AHM and returned to Mental Health Legislation. The annual review will include:

- Number of panels attended.
- Number of panels chaired.
- Training attended.
- Any issues during the previous year

Whilst it is not necessary for a face-to-face meeting in respect of the interim annual reviews the AHM can request a face-to-face meeting with one of the Mental Health Legislation Managers after completion of the self-evaluation form if they so wish.

Observations

A minimum of one observation will be carried out during each appointment period by one of the MHA managers defined as above (Appendix 2) for which AHM feedback will also be sought (Appendix 3). The AHM will be notified of the date arranged prior to the observation. The observation feedback (positive or negative) will be given at the re-appointment review, which will be booked in as soon as possible following the observation to avoid delay of feedback.

Re-appointment review

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

The Trust will reimburse expenses and pay the panel member's fee for attendance at review meetings.

A re-appointment review will take place once in each three-year period, or appointment period, as soon as possible after the observation to offer prompt feedback.

The formal reviews will be conducted by the Non-Executive Director with responsibility for mental health legislation and one of the Mental Health Legislation Managers of appropriate seniority and who has a detailed knowledge of the work of the AHM combined with extensive experience in the field of mental health policy and practice.

The AHM will be contacted by the MHA Clinical Manager, in advance of the date of their re-appointment review and a date and time agreed for the review to be held.

The NED and the MHA Clinical Manager will then meet with the AHM to conduct the review on the scheduled date.

During the Review

The reappointment review will include discussion and consideration around:

- Number of panels attended.
- Number of panels chaired.
- Attendance at training sessions.
- Any issues which an individual Associate Hospital Manager wishes to bring to the attention of the Trust.
- Commitment to the role of Associate Hospital Manager.
- Review of personal training and development needs.
- Consideration of any problems encountered.
- Feedback of Trust performance over previous 3 years.
- Knowledge necessary to undertake the required duties.
- Communication skills.
- Conduct and capability at hearings.

Any comments (positive or negative) by the reviewers about performance will be shared with the AHM at the reappointment review.

Issues highlighted in the annual self-evaluation forms – or face to face reviews if they have taken place – will be considered at the Re-appointment Review inclusive of any additional documentation related to performance.

NB It is accepted that the AHM Panel Review observed may not provide an opportunity to fully (and appropriately) demonstrate the AHM performance abilities however the AHM feedback form

(Appendix 3) provides a way to express any concerns or additional information concerning this aspect.

Following the Review

1. Review documentation will be completed and signed by all relevant parties.
2. A copy of the documentation will be retained by both the AHM and the Trust (MHA Manager) on the AHM's personal file.
3. Any identified performance, learning and development needs will be processed in accordance with Trust procedures.

Re-appointment of AHMs

1. Once the 3-yearly contract review has been completed, a decision will be made regarding reappointment.

Reappointment will be confirmed in writing with a fresh honorary contract for a further period agreed (no more than 3 years).

5.10. CONFIDENTIALITY

Although AHMs are not Humber TFT 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.

Prying and gossiping are unethical. AHMs must not discuss personal confidential information about service users or colleagues.

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.

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.

In the course of AHM duties they will acquire and will have access to confidential information which must not be disclosed to any other person unless in the pursuit of their 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. AHM's 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.

Breaches of confidentiality may lead to the appointment of an AHM 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.

AHMs must not, whether during the term of their 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.

5.11. 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 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 Executive Medical Director to the AHM.

More serious issues will require further investigation and may necessitate a meeting between the AHM, Medical Director and MHA Clinical Manager. The findings from this meeting will be reported by the Medical Director 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 Chair of the Trust.

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 Humber Teaching NHS Foundation Trust Disciplinary procedure.

Raising concerns/Whistle Blowing

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 Freedom to speak up Policy which can be found on the Trust Intranet.

AHMs are encouraged to raise any complaints against the Trust initially with the MH Legislation Manager.

They should raise any concerns or issues in relation to other Associate Hospital Managers initially with the MH Legislation Administrator.

6. NON-EXECUTIVE DIRECTORS ACTING AS ASSOCIATE HOSPITAL MANAGERS

The Rapid Review into data on MH inpatient settings 28.06.23 - Department of Health and Social Care - provided recommendations for the collection, analysis, sharing and use of data and information about mental health inpatient pathways. Recommendation 5 advised that Board's should provide Mental Health Act training so that at least half their non-executive directors are trained as associate hospital managers under the Mental Health Act and participate in hearings to best understand the clinical care provided, the challenges, and the views of patients, families, and clinical teams for the patients.

The Trust considers this to be an important additional role for NEDs, providing to the Trust Board and Committees wider understanding, insight, assurance, and scrutiny. This will complement the role of those NEDs already members of the MH Legislation Committee.

NEDs will be expected to participate in no more than 2 hearings a year, which could be as an observer or an additional member to the panel of 3; however, NEDs will not be expected to act as panel Chair.

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

6.1. INDUCTION

Induction 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 bespoke training sessions.
- Contact with the Non-Executive Director with responsibility for MH Legislation (or a designated deputy) for advice and support.
- Observation at managers panels.
- The opportunity to discuss with the panel Chair and panel members following observation at manager's panels.

Please note: NEDs will have to complete 3 observations before they sit as a member of a panel.

6.2. TRAINING

The identified NEDs will receive some bite sized training options incorporating the most important aspects of the role including information around the different sections and the criteria required for continued detention.

This could be achieved by providing focussed reading materials prior to short MS Teams sessions with the Mental Health Legislation Managers, and some shadowing with other more experienced Associate Hospital Managers before actually sitting on a panel as an active panel member.

As well as initial training, the Trust will provide update training. As part of the agreement, NEDs acting as Associate Hospital Managers must attend refresher training.

The training will include:

- Developments in mental health.
- Changes in mental health law.
- Skill development.
- Equality and Diversity and Human Rights Level 1 training (Three yearly).
- Information Governance and confidentiality training.

6.3. FEES AND EXPENSES

Fees and Expenses will be paid in accordance with those paid to other Associate Hospital Managers.

7. EQUALITY IMPACT ASSESSMENT

An Equality and Diversity Impact Assessment has been carried out on this document using the Trust-approved EIA.

This policy, procedures and guidelines ensure that all people are in receipt of services that are safe, effective, and led by the needs of the person. The standards within the policy will be applied

equally to all patients irrespective of the protected characteristics of the Equality Act 2010. Where individuals are being detained or receiving treatment under the terms of the Act no community group will be treated less favourably.

The impact assessment has identified that the trends in the use of the Mental Health Act will be monitored by the Mental Health Act Legislation Committee against National Equality and Diversity data to identify any impacts on the target groups.

Where patients' legal status is affected, we have a clear duty to inform them of their rights regardless of their main language or communication difficulties. DVDs are available in 28 languages (other than English) with the rights of detained patients.

When patients are detained with any impairment to understanding, clinical staff must identify this need as soon as possible and access appropriate interpreter support (e.g., Language specialist, BSL interpreter, Independent Mental Health Advocate). All staff will ensure that patients are repeatedly advised of their rights using these methods of interpretation.

Religious beliefs will be respected, and the Trust chaplain will support access to relevant faith leaders and information. All clinical settings (wherever possible) should accommodate individual prayer/meditation space with appropriate access facilities.

Certain MHA forms must continue to be served to the patient in hard copy. However electronic communication can be used as an additional means of providing the patient with the information if that is their preference.

8. DISSEMINATION AND IMPLEMENTATION

This policy will be disseminated by the method described in the Document Control Policy.

The MHL team will disseminate to all Associate Hospital Managers once it has been approved by the MHL Committee and ratified at Trust Board.

All other stake holders, partners, and services to be made aware of the Policy via Mental Health Legislation Steering Group members and distributed via their internal systems.

This policy will be used in initial and refresher training for all AHMs.

9. MONITORING COMPLIANCE

Compliance against the requirements of this policy will be monitored by the untoward incidents or PALS/complaints/CQC issues that arise as a result of the use of the Policy and reported to Humber NHS Foundation Trust, which will then be processed at the MHL Operational Group and dealt with.

Quantitatively data will be reported in monthly performance reports by the Mental Health Legislation Team Manager.

This information is reported to the Mental Health Legislation Committee within its quarterly reporting cycle, and where required associated actions should be agreed as part of the quarterly committee meeting.

A patient survey feedback form allows for patient feedback following every Associate Hospital Managers Hearing, and any feedback requiring action is dealt with promptly.

10. REFERENCES/EVIDENCE/GLOSSARY/DEFINITIONS

DoH (2015) The Code of Practice, Mental Health Act 1983 London, TSO.

Department of Health Mental Health Units (Use of Force) Act 2018

11. RELEVANT TRUST POLICIES/PROCEDURES/PROTOCOLS/GUIDELINES

Mental Health Act Policy

CTO Policy

Disciplinary Procedure

Probationary period procedure

Confidentiality Policy

Appendix 1 – Letter of appointment- Associate Hospital Manager

[Name] [Address]

Further to your offer of appointment to the role of Associate Hospital Manager for Humber Teaching 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 patients subject to Community Treatment Orders. 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 Community Treatment Order under the Act are satisfied.
- To adopt and apply a procedure that is fair and reasonable.
- To 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.
- To 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 endeavor to undertake an evaluation process with you to discuss your development needs. This will include progression to panel Chair (full training will be provided) when competent to do so. The evaluation process will be conducted by a trained appraiser from within the Mental Health Legislation 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 during the performance of your duties at the agreed rate. There is a fee paid, as decided by the Trust with an additional uplift for the panel Chair, that may be claimed by panel members on each occasion they attend a session. These rates may vary and will be revised 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

Some hearings / reviews will be held remotely however there is an expectation that you will also sit on face to face panels. 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 Administrators in accordance with the needs of the service and your own availability.

Associate Hospital Managers must attend at least 10 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 Mental Health Legislation Administrator 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.

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 and you are expected to attend Information Governance training on a yearly basis. If you are in any doubt, check with The Mental Health Legislation Administrator.

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 Mental Health Legislation Manager.

You should raise any concerns or issues in relation to other Associate Hospital Managers initially with the Mental Health Legislation Administrator.

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 Freedom to speak up Policy which can be found on the Trust Website.

8. Reporting of Accidents/Incidents

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

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 comply at all times 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 agreement;
- 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 Advisor.

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.

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).

15. 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.

SIGNEDDATE

Director of Human Resources

On behalf of Humber Teaching 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:.....

Appendix 2 – Annual Development Review

Name (panel member)		
Name (reviewer)		
Number of hearings requested / number of hearing attended		
Number of Forums attended		
Honorary Contract expiry Date		

1. Overall review

2. What's gone well?

3. What hasn't gone well?

4. Learning and Development Needs / training attended

5. Any further comments,

Signed reviewer:

Date:

Signed panel member:

Date:

Appendix 3 – Observation form for AHM Formal Review

For Completion by Observer

Name of AHM:-
Date of hearing:-
Venue:-

Overall Objective	
Dealing with People	
Sensitive to the needs of the patient	
Listening actively	
Asking appropriate open and probing questions	
Remaining impartial throughout the hearing	
Maintain the dignity of the process	
Working within the panel	
Contribute to an effective working relationship	

Demonstrates a good understanding from the evidence provided	
Ensures feedback to patient is carried out sensitively	
Demonstrates a good understanding of mental health legislation	
Checks information for clarity	

Completed by:

(Please print and sign)

Appendix 4 – Feedback form for Section Reviews

For Completion by AHM

Hearing Date:	
Hearing Time:	
Hearing Venue:	
Feedback: Please describe, in your opinion, your experience of the Section Review. What went well? What didn't go so well? Were you able to participate fully and effectively?	
Are there any other issues that you wish to raise, such as concerns or compliments:	

Name of AHM:

Appendix 5 – Document Control Sheet

Document Type and Title:	Associate Hospital Managers Policy		
Document Purpose:	The aim of this Policy is to ensure that patients detained to Humber have the right to have their detention or Community Treatment Order (CTO) reviewed by the Hospital Managers. The Policy aims to provide the Hospital Managers with the necessary guidance and procedures to perform their duties and ensure that the functions of Hospital Managers are discharged effectively and lawfully.		
Consultation/ Peer Review	Date	Group / Individual	
<i>list in right hand columns consultation groups and dates</i>	1-Mar-23	Associate Hospital Managers Forum	
	15-Mar-23	Dr Kwame Fofie, Executive Medical Director	
	27.03.23	EMT	
	17.01.24	Mental Health Legislation Steering Group	
Approving Body:	EMT	Date of Approval:	28 May 2024
NB All new policies and policies subject to significant amendments require approval at EMT and Board ratification.		<i>(see document change history below for minor amendments and dates)</i>	
Ratified at:	Trust Board	Date of Ratification:	31 July 2024
Training Needs Analysis: <i>(please indicate training required and the timescale for providing assurance to EMT as the approving body that this has been delivered)</i>	Training is offered as part of current programme	Financial Resource Impact:	
Equality Impact Assessment undertaken?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	If N/A, state rationale:		
Publication and Dissemination	Intranet <input checked="" type="checkbox"/>	Internet <input type="checkbox"/>	Staff Email <input checked="" type="checkbox"/>
Master version held by:	Policy Management Team <input checked="" type="checkbox"/>	Author to send final document to HNF-TR.PolicyManagement@nhs.net	
Implementation:	<p><i>Describe implementation plans below - to be delivered by the author:</i></p> <p>Implementation will consist of:</p> <ul style="list-style-type: none"> Dissemination to staff via Global email Distribution to each Associate Hospital Manager 		
Monitoring and Compliance:	<p>Compliance against the requirements of this policy will be monitored by the untoward incidents or PALS/complaints/CQC issues that arise as a result of the use of the Policy and reported to Humber NHS Foundation Trust, which will then be processed at the MHL Operational Group and dealt with.</p> <p>Quantitatively data will be reported in monthly performance reports by the Mental Health Legislation Team Manager.</p> <p>This information is reported to the Mental Health Legislation Committee within its quarterly reporting cycle, and where required associated actions should be agreed as part of the quarterly committee meeting.</p> <p>A patient survey feedback form allows for patient feedback following every Associate Hospital Managers Hearing, and any feedback requiring action is dealt with promptly.</p>		

Document Change History:			
Version Number / Name of procedural document this supersedes	Type of Change i.e. Review / Legislation	Date	Details of Change and approving group or Executive Lead (if done outside of the formal revision process)
V1.0	Initial Policy	12-Sept-22	New Policy, Approved EMT 12 september 2022 and ratified at Trust Board.
V1.1	EMT review	12.12.22	Amendments to role of NEDS as a collective on Board, responsibility for recruitment and review, numbers of hearings per annum, and fees.
V1.2	EMT review	09.01.23	EMT requested two further changes: reverting back to the 56p mileage rate and update to fees section (5.7).
V1.3	Board review	25.01.23	25-Jan-23 - Board asked for removal of reference to 56p per mile. This was completed and approved by director sign-off (Dr Kwame Fofie (6-Feb-23).

V1.4	<i>Minor Amendment</i>	17.03.23	<p>Following AHM forum 01.03.23 they requested period of payment if hearing cancelled be amended from "after 16:00 day before" to 24 hours before (page 11).</p> <p>Approved by director sign-off (Dr Kwame Fofie) 17-Mar-23 and noted at EMT 27-Mar-23</p>
V1.5	<i>Addition</i>	May 2024	<p>Section 6 added re NEDs becoming Associate Hospital Managers.</p> <p>6.3 reviewed and amended by Executive Director of Finance.</p> <p>Amends made to page 6 and to numbers 2 and 4 of the letter of appointment to emphasise the expectation that new appointees will sit on face to face panels as well as virtual, and that they will chair panels when competent to do so.</p> <p>Approved at EMT (28 May 2024) and ratified at Trust Board (31 July 2024).</p>

Appendix 6 – Equality Impact Assessment (EIA)

For strategies, policies, procedures, processes, guidelines, protocols, tenders, services

1. Document or Process or Service Name: **Associate Hospital Managers Policy**
2. EIA Reviewer (name, job title, base and contact details): **Michelle Nolan, Mental Health Act Clinical Manager**
3. Is it a **Policy**, Strategy, Procedure, Process, Tender, Service or Other? **Policy**

Main Aims of the Document, Process or Service

The policy aims to:

- ensure the physical and emotional safety and wellbeing of the patient
- ensure that the patient receives the care and support rendered necessary both during and after restrictive interventions
- designate a suitable environment that takes account of the patient's dignity and physical wellbeing
- set out the roles and responsibilities of staff, and set requirements for recording, monitoring and reviewing the use of seclusion and any follow-up action

Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the pro forma

<p>Equality Target Group</p> <ol style="list-style-type: none"> 1. Age 2. Disability 3. Sex 4. Marriage/Civil Partnership 5. Pregnancy/Maternity 6. Race 7. Religion/Belief 8. Sexual Orientation 9. Gender Reassignment 	<p>Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed?</p> <p>Equality Impact Score Low = Little or No evidence or concern (Green) Medium = some evidence or concern (Amber) High = significant evidence or concern (Red)</p>	<p>How have you arrived at the equality impact score?</p> <ol style="list-style-type: none"> a) who have you consulted with b) what have they said c) what information or data have you used d) where are the gaps in your analysis e) how will your document/process or service promote equality and diversity good practice
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Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Age	<p>Including specific ages and age groups:</p> <p>Older people Young people Children Early years</p>	Low	The MHA specifies who the Law relates to and the legal age thresholds where they exist.
Disability	<p>Where the impairment has a substantial and long-term adverse effect on the ability of the person to carry out their day to day activities:</p> <p>Sensory Physical Learning Mental Health</p> <p>(including cancer, HIV, multiple sclerosis)</p>	Low	<p>The MHA Code of Practice details the need for non-discriminatory practice and application of the Act as well as highlighting the requirement for awareness of, sensitivity to and appropriate accommodation of any special needs or requirements relating to any form of disability.</p> <p>For patients who have a communication need or have English as their second language consideration must be given to providing information in an accessible format.</p>
Sex	<p>Men/Male Women/Female</p>	Low	The MHA Code of Practice details the need for non-discriminatory practice and application of the MHA as well as highlighting the requirement for awareness of, sensitivity to and appropriate accommodation of any gender related preferences, needs or requirements.
Married/Civil Partnership		Low	
Pregnancy/ Maternity		Low	
Race	<p>Minority Colour Nationality</p>	Low	This policy is consistent in its approach regardless of race. It is acknowledged however that for any patient whose first

	Ethnic/national origins		language is not English, as information needs to be provided and understood, staff will follow the Trust interpretation procedure.
Religion or Belief	All religions Including lack of religion or belief and where belief includes any religious or philosophical belief	Low	The MHA Code of Practice details the need for non-discriminatory practice and application of the MHA as well as highlighting the requirement for awareness of, sensitivity to and appropriate accommodation of any preferences, needs or requirements related to religious or other belief systems.
Sexual Orientation	Lesbian Gay Men Bisexual	Low	The MHA Code of Practice details the need for non-discriminatory practice and application of the MHA as well as highlighting the requirement for awareness of, sensitivity to and appropriate accommodation of any preferences, needs or requirements related to sexual orientation.
Gender Re-assignment	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex	Low	The MHA Code of Practice details the need for non-discriminatory practice and application of the MHA. This policy is consistent in its approach regardless of the gender the individual wishes to be identified as. We recognise the gender that people choose to live in hence why the terms gender identity and gender expression ensure we are covering the full spectrum of LGBT+ and not excluding trans, gender fluid or asexual people. Staff must carry out mandatory Equality, Diversity and Human Rights training via e-learning.

Summary

Please describe the main points/actions arising from your assessment that supports your decision above

The policy is specifically aimed at the protection of all service users and their carers under the Equalities Act 2010 and the Human Rights Act. Significant attention has been paid to ensure that no groups are discriminated against either directly or indirectly.

Any audit/monitoring outcomes of related policy would continue to inform any changes to the Equality Impact Assessment in relation to any of the equality target group characteristics and impact of use of Hospital Managers Hearings/Reviews.

There are statutory requirements and obligations built into existing related legislation (MHA 1983) and its supplementary Code of Practice as well as local systems in place for assurance of the monitoring of compliance with these requirements and reporting through related committees.

EIA Reviewer: Michelle Nolan, Mental Health Act Clinical Manager

Date completed: 28 May 2024

Signature: Michelle Nolan