Solicitor and Curator ad litem Forum

11 June 2026 16:00-17:00 via Webex video-conference

Chaired by Deirdre Hanlon, In-house Convener

Minute

Attendees

MHTS	Deirdre Hanlon (DH) (In-house convener) Chair
	Laura Dunlop (LD) (President)
	Scott Blythe (SB) (Tribunal Liaison Officer and Meeting facilitator)
	Fiona Graham (casework manager)
	Jordan Campbell (scheduling team leader)
	Gordon Hope (hearings team leader)
	Natasha Anderson (casework team leader)
	Paula Harris (casework team leader)
	Michelle Montgomery (CORO caseworker)
	26 attendees from outwith MHTS

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1. Welcome and Introductions

DH welcomed everyone to the Forum and MHTS personnel introduced themselves.

2. Tribunal Update from the President and developments, including on visual hearings.

It is worth mentioning that we went from 3 to 4 casework teams last year and, since the last event, there has also been a recent slight redistribution of hospitals across the 4 teams, to even up the numbers of applications.

We recently launched a new website. This was a huge project and was many years in the planning. There was a large number of people involved in the project including ourselves, people from central SCTS, an external contractor. Some of the main points to note are: the new guidance available relating to hearings, and the venues pages have been updated. We will continue to develop the new website and are more than happy to receive feedback, for instance if you have some helpful information about a venue, please let us know. There have been some snagging issues which we would expect for a project this size, for instance the search function is not working as expected, but we are working to get the issues resolved. The secure area of the website, which is how our members receive their papers, will be delivered at a later date.

Some statistics from the last reporting year: we received 5728 applications, that is up a small amount from last year, an increase of 5 applications. There were 6236 hearings across the year (these figures are correct at the time of speaking, however there is always some reconciliation of figures to be done and this can see the figures changing by a small amount).

Hearing modes - since 2022 there has been a focus on having fewer teleconference hearings, with more visual hearings (which includes Webex but is mostly in person hearings). Our graph shows a steady rise since 2022, with the odd dip from one month to another. Teleconference hearings are still part of the toolkit that we use and will remain so. Just a note to say we had an issue with the teleconference facility at the start of the week, apologies if anyone was affected by this.

We recently completed a new 13 week survey looking hospital by hospital at the percentages of in person hearings. Some of the top ones to highlight are;
Royal Edinburgh 81%
Wishaw 80%
Dykebar 73%
Royal Cornhill 72%
Gartnavel 70%

The aim is to prioritise the patient's choice regarding the type of hearing that is set up.

3. Interpreters and translation of documents

DH gave a presentation and showed slides regarding the interpreter and translation processes.

Anne Bolger - The issue with the interpreting is that the NHS system is not working effectively. There are instances of people not turning up, but the biggest issue is that you get a new interpreter every time you phone the number. I had a hearing that was at its fourth calling, and that morning I think we ended up speaking to 4 different interpreters, because every time we took a break in the hearing we had to call the number again and a different person was assigned to the job.

LD - We completely recognise issues with telephone interpreters. Part of the problem for the NHS will be that they have certain procurement processes and are likely bound to have to use a certain organisation for their interpreting services. Though responsibility to arrange interpreters for patients lies with the hospital managers, we did try to identify contacts in the largest health boards, with whom we could raise issues if we had to. If it is a certain case that has been particularly problematic, please do get in touch and we can at least try to provide details of someone in the health board that you can contact to raise the issue with.

4. Applications and appeals containing correct and complete details

DH - This agenda item was just to raise that we have had reports from our casework teams of missing or inaccurate Information within applications from solicitors. We do appreciate that clients may not always provide you with full and accurate information, but it is helpful that we get the most accurate information when we receive applications - this allows us to set hearings up efficiently.

Roy Lumsden - A point to note regarding RMOs applications and in a tribunal setting, they have a huge tendency to use abbreviated terms. It can be quite difficult for other attendees to understand what is being referred to.

DH - we can certainly keep a note of this and mention it at the next forum for RMOs.

5. Points raised

(i) RMO/MHO availability for hearings/non attendance

DH - It is worth noting that casework do liaise with RMOs and MHOs in advance of setting up a hearing. There are a lot of moving parts when arranging hearings, such as venue availability, parties' working patterns and availability and so on. We do expect RMOs and MHOs to submit a motion for adjournment if they are unable to attend a hearing, and we do continue to raise this at the forums with RMOs and MHOs.

Nuala McBride - Thank you and this does help to answer the query. We obviously don't want to waste the tribunal's time, and we would like to avoid putting clients through unnecessary hearings.

(ii) Patients without representation/no curator appointed - often seeking advice shortly after an order is granted.

DH - Casework sift applications to identify the need for a curator, which should be highlighted by the applicant, this is sent over to the President's oOffice where a decision is made by the on duty IHC. It is also open to the panel on the day if they wish to appoint a curator. We do have to remember that sometimes the patient actively chooses not to have a solicitor.

Nuala McBride - We are frequently seeing instances where someone gets in touch with us about representation shortly after an order has been granted, but what you have explained does help to understand the process from the tribunals point of view.

(iii) Use of Rule 46/48 - often family members are not aware of this

LD - We do agree that often family members are not fully aware of this process. Our new website has newly created guides to help family and friends about the possible roles they can have in the process.. Also there is a fact sheet available on the website that can help people understand the rule 46/48 processes, although it is set out more formally than the new guidance. I should mention that we are firm in going back to an applicant if it is clear from the application that details of a family member have not been provided. Some family members will have rights under Article 8, even in a situation when a patient does not want them to be involved. Finally, we have drafted an internal process around rule 46/48. We will summarise this in the meeting note.

Summary:

- Invite-only people are welfare attorney, welfare guardian, primary carer and anyone else appearing to have an interest.
- Invite plus papers can be achieved if one of those people makes a request under rule 46. Papers will be checked by an IHC and, provided there appears to be no reason not to share the papers, they will be sent. If the IHC is concerned about information in the papers, representations may be sought, and a judicial decision taken about the issue.
- Invite plus papers plus party status can be achieved by an application under rule 48. Request must come, in writing, from the applicant, giving information about themselves, their interest and the reason for the request. This must be intimated to parties, and representations sought. Pending the decision, the papers may be sent out under rule 46. The decision may be to grant the status of party, or relevant person.

Nuala McBride - That is very helpful and it is good to know that it is on the tribunal's radar.

Roy Lumsden - Separately I have had instances of papers reaching the ward but not then getting passed on to the patient in advance of a hearing. This has happened in more than one hospital.

DH - happy if you want to send any specific examples on to us as this is quite concerning.

Curators only session:

(i) Curators Ts and Cs

DH - I would like to say thanks to all who were due and sought reappointment, most of the people who were due for reappointment have been appointed for another five years - some others chose not to continue in their role as curator. Those who were not due reappointment this year will be due at some point in the near future; we will be in touch when required. I would also like to put my thanks on record to Jenna Swan for undertaking all the admin tasks during the reappointment process, it helped things run very smoothly. Please keep the Ts and Cs in mind when undertaking work as a curator.

Just to mention that a new process for submitting invoices came into place on the 1st of June, you will have all received an e-mail about this. If you have not please get in touch.

(ii) Curators' fees and guidance

DH - You will probably be aware that there was a review of accounts that was undertaken, this was done to try and ensure fairness and parity across everyone that is undertaking this work. Guidance was then issued in January 2026 following the review. We hope this helps with invoices being paid efficiently.

Alan Meechan - It does seem like the files are being more scrutinised than they previously were. It seems that a structure is being imposed where the same work is being paid less than with SLAB. As an example a 2 page letter is now being paid as a small letter.

DH - there is no new structure, The same as before goes, charges should be actual, reasonable, and necessary, with due regard to the economy. If there is an individual case you'd like to query please get in touch with us and raise it directly.

Roy Lumsden - I have the same issue as Alan. A particular issue I have is with precognitions, I have always taken a precognition from people and I'll now charge the correct amount for this, which is 2 pages. This is a standard practise that I have and I wondered if that is the standard practise among others?

DH - speaking from a time previously when I was a curator, I personally did not have a standard practise like that, however the accounts themselves do have to have a standard approach and they have to reflect work that was actual, reasonable, and necessary, with due regard to economy.

LD - I would also like to say thank you, we know that people are doing some heroic work here in picking up late appointments or ones that might be quite far afield. We know that people are going out in evenings and at weekends, and I wanted to express appreciation of that.

Roy Lumsden – the fees are due to be increased by SLAB, is this going to be followed by a fee increase in the curator work from SCTS?

DH – we are aware that the fees from SLAB are due to increase in September, we have raised this internally and will be in touch when we have further information.

End of note