**Minute of RMO/MHO Forum and Professional Reference Group**

**12 May 2025 – 12:00 – 13:00 via Webex video-conference**

**Chaired by Deirdre Hanlon In-house Convener**

Attendees

MHTS Deirdre Hanlon (DH) (In-house convener) Chair

Laura Dunlop (LD) (President)

Kirsty Watson (KW) Legal Secretary

David Shearer (DS) MHTS Casework Team Leader

Alan Swan (AS) MHTS Clerk

Scott Graham (SG) MHTS Caseworker

Jordan Campbell (JC) Scheduling Team Leader

Jenna Swan (JS) (PO secretary – Note taker)

Scott Blythe (SB) (Tribunal Liaison Officer and Meeting facilitator)

and

70 attendees from outwith MHTS

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1. **Welcome and Introductions**

DH welcomed everyone to the Forum and introduced all MHTS attendees.

**2. Update from the President, Laura Dunlop KC**

LD welcomed everyone to the Forum and addressed some specific topics, as below.

1. **Annual statistics**

The annual report is not yet prepared but the number of applications received for 2024-25 was 5,552. This is an increase from the year before but only 0.4% of an increase (compared with an increase of around 2% in more recent years). There were 6,300 hearings in the year, an increase of 2.5%.

1. **Return to visual hearings**

The Tribunal continues to try to increase the number of visual hearings (in person and video-conference). The latest ‘visual hearings graph’ was shown and discussed. This highlights the steady increase in visual hearings, with more than 50% of the hearings in February 2025 being visual ones for the first time since 23 March 2020. A variety of hearing modes will remain part of the landscape in MHTS hearings.

1. **Lapse of orders**

LD highlighted a news item featured on our website regarding avoiding unintentional lapse of orders. This was to draw to all attendees’ attention certain ways in which MHTS and stakeholders could work together so this could be avoided, for example, mark application email as “URGENT!”. First extension of compulsion orders is granted by the Tribunal (unlike first extension of CTOs). There is a specific form, the CO1. Applications for first extension of a CO should NOT be submitted on a CTO3a form, which is only for extensions granted by an RMO.

1. **Other news**

The position in relation to the MHTS’s transfer into the FtT remains as stated at the previous Forum. There is no other update to this at the moment.

LD advises that there are now 4 teams in casework and thanked everyone for adapting to this framework.

MHTS is now in line for a new website. This is being worked on and should be finished in the next year.

**3. Hearing Preference Forms**

LD noted the busiest hearings suites to which we have good access,, all info on venues available on the news part of our website. The Tribunal is also trying to encourage patients’ choice of type of hearing and to ascertain this as early as possible. The Tribunal’s hearing types information leaflet for patients and the scheduling pro forma and hearing preference form, one of which should be submitted with each application, were shown. The different modes of hearing were explained by LD and how to request these. These forms are available on the Tribunal’s website. We hope for more visual hearings and fewer telephone hearings.

An MHO noted that in the Moray area that the in-person hearings are not always happening when requested. LD apologised for this and that we are trying to arrange an in person hearing when requested. JC notes that we have limited availability in Dr Gray’s Hospital in Elgin in particular. We also appreciate everyone is busy but we would like to have as much availability for attendees as possible. If there is difficulty in any particular case regarding mode of hearing, the case reference should be sent to us. A discussion was had by various attendees.

An MHO asked about risk assessments and venues. A previous case couldn’t go into a venue for in person hearing as a risk assessment was not done (Whitehills). LD asked for details of this so it can be looked into.

**4. Primary carers and persons with an interest**

DH delivered a brief talk on this topic. DH went through some slides which highlighted the definition of a primary carer and the rights that primary carers and persons with an interest have in tribunal proceedings. They have rights to attend hearings and to make representations and/or lead evidence. It was noted that sometimes patients do not wish a primary carer/family member to be involved in tribunal proceedings. This should be flagged up to the tribunal in advance of a hearing, if possible, so that the tribunal can balance the rights of the primary carer/person with an interest and the patient’s wishes (for example, by limiting the primary carer’s attendance at the hearing to the time they give evidence).

A question was asked by an MHO – “*If the primary carer is also welfare PoA - do they get access to the papers*.” - This was answered by DH by saying no, they would need to put in a request to be sent the papers under rule 46 or to be a party under Rule 48.

Another question was asked *– “If the patient is a teenager and has capacity to refuse permission for the primary carer to attend, can the primary carer challenge this decision?”* – LD stated that the primary carer can't be denied their rights to present evidence and make submissions. They are able to attend and it will be for the tribunal to manage the practical arrangements. DH also confirmed and discussed this.

**5. Information in CTO applications**

DH noted that there have been more and more additional information reports being attached to CTO applications. DH asking if MHOs can be mindful and can think about what is relevant to the preparation of the application.

**6. Lodging relevant documents**

DH asking if attendees can refer to the provision of documents guidance on the MHTS website before sending in the application. We are finding that some documents are not coming in with the documents requested/needed. This would allow casework to be more efficient in processing applications.

**7. Matters raised**

Point raised at SUCAG forum. Advocacy workers not given enough time or notice about the hearing/application. Applicants are being asked to give advocacy details timely so that the details of the hearing can be sent to the advocacy workers.

An MHO raised a concern about the time taken recently to intimate hearings to patients and sending out papers to patients. This is then causing issues down the line with patients not having papers or interim orders being made. LD explained that receiving an application on day 27/28, this then leaves little time to process and find anything that’s missing, arranging a hearing, availability etc. DS asked if specific case reference could be sent to look into this. Different variables were discussed by LD as to what could be causing the last minute notice.

**8. AOB**

A query was made asking if FFRs can be sent to med recs by MHTS. DH noted that the FFR is issued to parties only, as per procedural rules and the tribunal would not be authorised in law to issue to medical records.

**9. Close and thanks**

The next meeting will take place in the Autumn of 2025 with the date confirmed nearer the time.