

## Standard Operating Procedure Electronic MHA Forms

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<b>Name of Trust Strategy / Policy / Guidelines this SOP refers to:</b>	MHA Policy

**VALIDITY – SOPs should be accessed via the Trust internet to ensure the current version is used.**

### CHANGE RECORD

Version	Date	Change details
1	06/01/21	<i>New SOP</i>
2	19/04/21	<i>Pilot extended to include regrades, renewals, CTO1, CTO 7 (extensions), S5(4) and S5(2).</i>
2.1	15/09/21	<i>Reviewed – no changes</i>
2.2	07/04/22	<i>Reviewed – changes to acceptance of a mix of electronic submission and paper submission of detention documents</i>
2.3	02.03.23	<i>Reviewed – removed pilot stage (page3), added expectations about completing S23 discharge forms (page 9)</i>
2.4	16.03.24	<i>Reviewed – clarified serving of CTO3 (page 5), added nuances of email trail from out of area Trusts (page 7), clarification that termination forms should be completed on the electronic patient record (page 8). Approved at Mental Health Legislation Steering Group (20 March 2024).</i>
2.5	04.07.24	<i>Reviewed. Further clarification of serving of CTO3 (page 5) – does not need wet signature to be served and can be typed. Approved at Mental Health Legislation Steering Group (17 July 2024).</i>

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## 1. INTRODUCTION

An amendment to Mental Health (Hospital, Guardianship and Treatment) (England) Regulations 2020 enables many of the statutory forms under the Mental Health Act 1983 (MHA) to be communicated electronically. This guidance explains the circumstances in which statutory forms and other documents can be sent electronically, best practice for doing so and general principles around the sending, signing and storing of electronic forms.

The amended 2008 regulations are in force from 1 December 2020 and apply to England only.

We are aware that this guidance conflicts with aspects of the MHA [code of practice](#) and the [reference guide](#). Note that this guidance supersedes conflicting guidance in the code of practice and reference guide and these inconsistencies will be addressed as soon as possible.

### **Please note the transitional arrangements below:**

The amendment to the 2008 regulations includes minor changes to the statutory forms. These comprise of an addition field in which the author's email address can be entered and, where relevant, an option to indicate that the form has been served electronically. After 1 February 2021 the new forms should be used in all cases; where old forms are used they will be deemed invalid.

Termination forms for S5(4) and S5(2) and the S23 discharge form will continue to be accepted electronically. These can be found on the Trust electronic patient record.

Medical Scrutiny will also be permitted electronically.

Humber Teaching NHS Foundation Trust will accept the H4 with electronic signatures from other detaining authorities. We will also accept electronic MHA paperwork in respect of any admissions from out of area.

## 2. SCOPE

This SOP applies to all Trust operational staffing, contracted agency staff and supporting agencies which access and provide care to patients subject to the MHA or liable to be detained under the MHA.

## 3. SOP STATEMENT

The aim of this SOP is to provide the necessary guidance and procedures when one has to deal with assessment and detention under the Act, and the correct processes to follow in relation to the legal paperwork/forms.

## 4. DUTIES AND RESPONSIBILITIES

### **Chief Executive**

The chief executive in partnership with the Local Social Services Authorities (LSSA) has responsibility to ensure that policies, protocols and processes of a multiagency perspective are in place for the Trust staff to understand regarding the implementation of electronic MHA forms.

**Medical Director** The **Medical Director** as lead director has responsibility for the development, review/ monitoring of this SOP and for the appropriate training and education to Trust staff to support implementation.

### **Local Social Services Authorities (LSSA)**

LSSA have responsibility for the appropriate training and education to the professionals acting as AMHPs under their authority, to support implementation of this SOP.

### **Executive Director of Nursing, Allied Health and Social Care Professionals**

The executive director of nursing, allied health and social care professionals is responsible for ensuring that procedures are understood and carried out by nursing staff involved in the process of electronic forms.

### **Medical Director and Clinical Director**

The medical director and clinical director are responsible for ensuring that procedures are understood and carried out by medical staff involved in the process of electronic forms.

### **Divisional Managers and Clinical Leads:**

All divisional managers and clinical leads are responsible for ensuring that this sop is implemented and understood within their divisions.

### **Modern Matrons, Team Leaders and Charge Nurses:**

Modern matrons, team leaders and charge nurses are responsible for implementing operational systems to ensure adherence to the principles and standards of the SOP.

### **AMHPs**

AMHPs are responsible for implementing operational systems to ensure adherence to the principles and standards of the SOP.

AMHPs are responsible for checking the detention paperwork is in order and that if being served on paper these have wet signatures.

### **Doctors**

Doctors are responsible for implementing operational systems to ensure adherence to the principles and standards of the SOP.

### **Mental Health Legislation Team**

Mental Health Legislation Team (MHL Team) is responsible for overseeing adherence to the SOP and for the scrutiny of all electronic forms/paperwork.

**MHL Team must ensure that all sets of section papers are received with wet signatures unless they are served electronically where the author can type their name on the form. If served electronically there must be an email trail to evidence who completed the form.**

## **5. PROCEDURES**

### **5.1. Electronic communication of forms under the 2008 regulations**

The amended 2008 regulations enable statutory forms and other documents under Part 2 of the MHA to be served electronically, but only where the receiving body, authority or person agrees to accept electronic service of these forms.

There are a couple of exceptions to this:

- where an approved mental health professional (AMHP), or a nearest relative wishes to serve an application for detention. In this case, electronic communication to the hospital managers or their officers is always permitted (no agreement needed). Hospital managers are not entitled to reject a validly made application solely on the grounds of it being completed and communicated electronically (see 5.2 for further guidance).
- where the recipient is a patient. In all such cases, statutory forms and other notifications for the information of the patient must continue to be served in hard copy. For example, the community treatment order recall form must continue to be served in hard copy and the

patient should continue to be notified in hard copy if someone is authorised by a nearest relative to act on their behalf under regulation 24 of the 2008 regulations. Electronic communication can, however, be used as an additional means of providing the patient with the information, if that is their preference (see 5.3 for further guidance).

Note that all electronic forms, apart from the discharge order form, should be considered 'served' once they have been successfully sent. **The electronic version (signed with e-signature and served electronically) will always be the original, if printed off this will not be the original form and will have "COPY" written on it. If typed into and then printed off, a wet signature will still be required as it will not be classed as being served electronically.**

In the case of a request for discharge sent electronically by the nearest relative (NR) to hospital managers, the amendment to the 2008 regulations means that service is considered to have taken place at the beginning of the next business day after which it was sent. This is to allow staff sufficient time to act upon the NR discharge order, due to having reduced staff over the weekends. Where there is a bank holiday, this is not considered a business day. "Business day" is defined in statute as "any day except Saturday, Sunday or a bank holiday" (see reg 2 of the 2008 regulations)."

The government has created the MHA forms so that they can be completed electronically. It is not mandatory for them to be completed electronically but the new forms must be in use by 1 February 2021. From 1 February 2021 any old forms used will invalidate the document. The new forms can be printed off and hand written. Please see part 11 of this SOP for the mental health law online link which has an electronic version of the forms along with a PDF version that can be printed off and written on. Both are the same forms in terms of wording.

Please always double check that you are using the correct version of the form. Whichever version of the new form is used it MUST include on the first page "I (*PRINT your full name and address and, if sending by means of electronic communication, email address*)" and electronic submissions will not be accepted without an email address on the form.

The electronic forms ask for deletions; please strikeout rather than deleting as they are statutory forms and removing anything from the form makes it an unlawful document. To strike out see below:



Please note H2, H3 and H4, G5, G6, G7, G8, G9 and G10, M1, CTO3, CTO4, CTO6 and CTO10 are unchanged but can all be completed electronically.

The CTO3 can be completed electronically with e-signature but then must be printed off and served by hand. RC name in typed format will only be valid if the recall form is emailed (to ensure evidence trail) to the MHL Team at the same time the RC emails it to the Care Coordinator or whoever is going to serve it.

## 5.2. Serving the AMHP's application for detention electronically

As stated in paragraph 14.44 of the code of practice, doctors and AMHPs undertaking assessments for detention need to 'apply professional judgment and reach decisions independently of each other, but in a framework of co-operation and mutual support.' This should not change when forms are submitted electronically.

Where an AMHP submits an application for detention electronically and then delegates conveyance of the patient, for example to ambulance staff, a paper copy of the form is not needed

to indicate that conveyance is lawful so long as the AMHP can provide evidence of a completed application supported by the necessary medical recommendations, in line with paragraph 17.26 of the code of practice.

This should be the case whether a form is submitted electronically or in hard copy. In accordance with sections 2, 3 and 6 of the MHA, an application for detention submitted by an AMHP must be founded on the necessary medical recommendations. As such, it's the responsibility of the AMHP to support their application with two accompanying medical recommendations. It is vital that these statutory documents are retained and sent to the receiving hospital as a package.

NB: where patients are being admitted to private or other NHS trusts this guidance will not apply. The AMHP will need to check with that hospital before submitting anything electronically.

### 5.3. Communication of statutory forms to the patient

As stated above, although staff should continue to communicate statutory forms and other notifications to patients in hard copy, they should actively offer the patient the option of also receiving the form electronically, if that is their preferred method of communication. This offer should be made to all patients, and providers should consider whether reasonable adjustments should be made to help disabled patients access documents electronically if that is their preference. Section 3.9 of the [Electronic Communications and Internet Acceptable Use Procedure](#) must be followed when communicating with patients via email.

### 5.4. General principles on the electronic communication and storage of forms

The 2008 regulations, as amended, do not specify that the recipient's agreement has to be secured prior to the document being sent, but within the Trust we nonetheless insist on prior agreement to be sought. This is to avoid confusion and ensure that the form is dealt with in the appropriate way by the recipient.

Each inpatient and community team have their own generic email address to which section papers can be sent. All members of those teams will have access to their generic inbox. MHL team also have a generic inbox for this purpose. It is the responsibility of each team to make arrangements to monitor and action emails to their generic inbox in an appropriate and timely manner.

Electronic forms should be considered equivalent in status to paper forms. Neither is more valid than the other. This means that, for example, where forms authorising an individual's detention are in an electronic format and they need to be transferred from one hospital to another, there should be no question over the validity of these forms by the receiving hospital simply because they're electronic.

#### Process following assessment

Doctors complete their medical recommendations and use their own secure email account to send to the AMHP via their secure email account; **they should copy in the MHL Team generic inbox at the same time.** If it is a joint medical recommendation the first doctor **must** copy in the second doctor in their email so as to ensure an audit trail.

The AMHP receives the medical recommendations via their secure email, validates them and then sends them to the admitting unit's generic inbox from their own secure email address along with their own application. If any of the documents are submitted on paper, this will be scanned and sent in the same email to the unit's generic inbox. The AMHP will copy in the MHL Team generic inbox at the same time they send the papers to the inpatient unit.

The assessing AMHP will ring the ward prior to conveying the patient to ascertain who the nurse in charge is and to inform them they are sending/have sent papers to their generic inbox. The nurse in charge will then access the generic team inbox (if bank/agency staff don't have access to inbox then another member of the team can open the inbox for the nurse in charge to check the papers).

The nurse in charge will then complete the H3 electronically to receive the patient once they arrive. The Nurse in Charge will send all the papers including their fully completed checklist, H3 and the completed S132 rights form to the MHL generic inbox.

Should the Nurse in Charge discover any errors with the forms they will email the MHL Team generic inbox immediately and the MHL Team will scrutinise the papers once their working day begins. The admitting unit will save the section papers to their restricted unit folder on the V drive.

Papers served electronically should be stored electronically on the Trust network in a folder restricted to those who need access. This should be retained until the final version has been uploaded to Trust EPR (electronic patient record) by the MHL Team. The MHL Team will retain any paper copies of forms until the patient is discharged off the section. They will then send all legal paperwork back to medical records to be stored for the necessary retention period.

Hospital managers should ensure all records are complete and stored safely (as described above). As with hard copy forms, where documents containing personal data are sent or stored electronically this information should be kept securely, in line with the Data Protection Act 2018 and the General Data Protection Regulation.

### Version control

1. MHL Team receives papers from the AMHP into their generic email inbox – MHL to label Version 1 in the specific patient's 'Version control folder'.
2. Charge nurse on inpatient unit discovers error in papers, alerts MHL Team for it to be rectified (as described above). Ensure Section 15 applies and form can be rectified.
3. MHL Legislation then scrutinises the papers and get it rectified if required.
4. **Rectifications must be made using tracked changes** in the Word version to show any amendments.
5. On rectification MHL Team to label Version 2 in the specific patient's 'Version control folder'.
6. For any subsequent errors identified (i.e. via the medical scrutiny process) the MHL team will save those papers to the specific patient's 'Version control folder' and label additional version number as required.
7. Once the final version has passed scrutiny the **MHL Team will upload the papers to Trust EPR in the specific patient's record.**
8. Any electronic forms in individual ward's and MHL department V drive folder will be deleted as described above.

Where rectifications to forms are made, including those under section 15 of the MHA, a transparent audit trail must be maintained that shows who edited the form, when they made the edit and what was added and/or omitted. All electronically completed forms should include the author's (secure) email address, alongside the postal address, in the relevant section of the statutory form so that the author can be easily contacted in case rectifications are required.

### Audit Trail

- Any previous versions of the section papers will be saved and labelled accordingly in the specific patient's 'Version control folder' by the MHL team.
- The email trail of any rectification requests will also be saved to the specific patient's 'Version control folder'. (On occasions where there are issues with regards to out of area transfers into our Trust, we accept the email trail from the mental health legislation team from the other Trust).
- Any subsequent versions amended become the original, which will include all the **tracked changes**.

- The final version will be converted by the MHL team to PDF and saved to the specific patient's 'Version control folder' and uploaded to Trust EPR.

### Renewals and CTOs

- Once each professional's part of the form is completed, send electronically via secure email to the next appropriate professional. A mixture of wet and electronic signatures will **not** be accepted for these forms.
- Where there are multiple people filling in a form each professional must copy in MHL team at each stage of the process when sending on to another professional, i.e. AMHP, doctor or ward staff.
- Ensure form completed in correct order.
- On receipt of completed form the MHL team will scrutinise paperwork and save to the specific patient's 'Version control folder' labelling it Version 1. Any subsequent versions where rectifications are made will be labelled accordingly.
- Once the final version has passed scrutiny the MHL team will upload the papers to Trust EPR in the specific patient's record.

**Please note:** the community treatment order recall form (CTO3) must continue to be served in hard copy. Electronic communication can, however, be used as an additional means of providing the patient with the information, if that is their preference.

### Medical Scrutiny Process

It is a requirement of the consultant role to independently scrutinise medical recommendations completed by other medics. This work is shared via a medical scrutiny rota, which is renewed on a six-monthly basis. Three consultants are on the rota together for a month at a time and will share the scrutiny of the recommendations generated.

1. Electronic section papers received by MHL team.
2. MHL team will complete demographics on scrutiny checklist.
3. MHL team will email the scrutiny checklist and the medical recommendations or consent to treatment to the doctor on the rota.
4. Doctor on the rota completes scrutiny electronically **within one working day**.
5. Doctor emails the completed scrutiny checklist back to MHL team generic inbox – this must come from the scrutiny doctor's email address and **not** from any other email account.
6. If the papers fail the scrutiny process MHL team will arrange for this to be rectified (providing it isn't a joint medical recommendation) using the version control as described above.
7. Following rectification follow steps 1-6 again.

### Discharge/Termination Process

- Termination forms for S5(4) and S5(2) and the S23 discharge form are now built into the electronic patient record for completion. Please ensure S23 discharge form is completed electronically on the same day, and as soon after the decision is made to discharge as possible. There must be evidence documented on the electronic system at the time the decision to discharge is ordered by the RC.
- Once forms are completed they must be either emailed to MHL team generic inbox from the secure email of the person who has actually completed the form or MHL team informed that the forms are on the patient's EPR.



- On receipt of completed form the MHL team will scrutinise paperwork and save to the specific patient's 'Version control folder' labelling it Version 1. Any subsequent versions where rectifications are made will be labelled accordingly.
- Once the final version has passed scrutiny the MHL Team will upload the papers to Trust EPR in the specific patient's record.

In line with paragraph 35.5 of the code of practice, which states that those acting on the authority of statutory forms should ensure they are in proper form if concerned about the quality and integrity of an electronically transmitted form, the recipient may request that the form be resent in a revised electronic format or in hard copy, if necessary.

Electronic signatures on forms have the same meaning as in section 7(2) of the Electronic Communications Act 2000. This states that an electronic signature is 'so much of anything in electronic form as is incorporated into or otherwise logically associated with any electronic communication or electronic data; and purports to be used by the individual creating it to sign'. As such, electronic signatures on electronically submitted statutory forms may be a typed name or initials, a scan or photo of a wet ink signature, or an electronically drawn signature, among other options meeting the definition specified above. Humber Trust will accept any of these as long as the form is furnished to the MHL team by the author of the form via their secure email address.

## 6. EQUALITY AND DIVERSITY

The core Mental Health Act policies, protocols and procedures have been impact assessed. Where individuals are being detained or receiving treatment under the terms of the Act it is vital that no community group is treated less favourably.

Where peoples' legal status is affected we have a clear duty to inform them of their rights regardless of their language or communication difficulties. DVDs in 28 languages other than English are available on the rights of detained patients. When people with physical impairments are detained clinical staff should identify this need as soon as possible to enable the Trust to access appropriate support, e.g. BSL interpreter, Independent Mental Health Advocates.

Where religious belief is important to patients this will be respected and the Trust chaplain will support access to relevant faith leaders and information. Clinical settings, wherever possible, should be able to 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.

### Human Rights Act

The Human Rights Act came into effect in October 2000 which means that the Trust and its staff, along with its supporting agencies, are seen as a public authority and have an obligation to respect the Convention rights. This means that you must understand those rights and take them into account when carrying out the requirements of this SOP.

## 7. IMPLEMENTATION

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

Due to the immediacy of the reviewed SOP's implementation by 1 May 2022, the MHL team will disseminate to all medics, AMHPs and inpatient staff once it has been approved by the MHL Steering Group on 20 April 2022.

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

## **8. MONITORING AND AUDIT**

This SOP will be monitored via untoward incidents or PALS/complaints or CQC complaints that arise as a result of the use of the SOP and reported to Humber NHS Foundation Trust which will then be processed at the Operation Risk Management Group and dealt with.

## **9. REFERENCES/EVIDENCE/LINKS**

The Mental Health (Hospital, Guardianship and Treatment) (England) (Amendment) Regulations 2020

Department of Health (2015) Mental Health Act Code of Practice. London TSO

[Mental Health Act 1983 Statutory Forms – Mental Health Law Online](#)

[Electronic forms for use under the Mental Health Act – GOV.UK \(www.gov.uk\)](#)

## **10. RELEVANT HFT POLICIES/PROCEDURES/PROTOCOLS/GUIDELINES**

Mental Health Act Legislation Policy

Receipt and scrutiny SOP

Multi Agency Policy and Procedure for conveying a patient to hospital under the Mental Health Act 1983

CTO Protocol

## Appendix 1: Generic Inbox Addresses and Contact Numbers

Avondale	01482 617565	<a href="mailto:Hnf-tr.avondale@nhs.net">Hnf-tr.avondale@nhs.net</a>
PICU	01482 617508	<a href="mailto:hnf-tr.picu@nhs.net">hnf-tr.picu@nhs.net</a>
Mill View Court	01482 344569	<a href="mailto:Hnf-tr.millviewcourt@nhs.net">Hnf-tr.millviewcourt@nhs.net</a>
Mill View Lodge	01482 344537	<a href="mailto:Hnf-tr.millviewlodge@nhs.net">Hnf-tr.millviewlodge@nhs.net</a>
Newbridges	01482 335835	<a href="mailto:Hnf-tr.newbridgesmeeting@nhs.net">Hnf-tr.newbridgesmeeting@nhs.net</a>
Westlands	01482 665646	<a href="mailto:hnf-tr.westlands@nhs.net">hnf-tr.westlands@nhs.net</a>
Hawthorne Court	01482 336831	<a href="mailto:Hnf-tr.hawthorne@nhs.net">Hnf-tr.hawthorne@nhs.net</a>
Maister Lodge	01482 303775	<a href="mailto:Hnf-tr.maisterlodge@nhs.net">Hnf-tr.maisterlodge@nhs.net</a>
Maister <b>Court</b>	01482 738142	<a href="mailto:Hnf-tr.maistercourt@nhs.net">Hnf-tr.maistercourt@nhs.net</a>
Townend Court: Willow Lilac	01482 336740 01482 336750	<a href="mailto:hnf-tr.townendcourtinpatientservice@nhs.net">hnf-tr.townendcourtinpatientservice@nhs.net</a>
STaRS	01482 336830	<a href="mailto:hnf-tr.stars@nhs.net">hnf-tr.stars@nhs.net</a>
Inspire	01482 692931	<a href="mailto:hnf-tr.inspire@nhs.net">hnf-tr.inspire@nhs.net</a>
Ullswater	01482 478719	<a href="mailto:hnf-tr.ullswater@nhs.net">hnf-tr.ullswater@nhs.net</a>
Pine View	01482 336300	<a href="mailto:hnf-tr.pineviewsharedmailbox@nhs.net">hnf-tr.pineviewsharedmailbox@nhs.net</a>
Swale	01482 478722	<a href="mailto:hnf-tr.swale@nhs.net">hnf-tr.swale@nhs.net</a>
Ouse	01482 336238	<a href="mailto:hnf-tr.ouseward@nhs.net">hnf-tr.ouseward@nhs.net</a>
Derwent	01482 336239	<a href="mailto:hnf-tr.derwentward@nhs.net">hnf-tr.derwentward@nhs.net</a>
MHRS	01482 301701	<a href="mailto:hnf-tr.mhtat@nhs.net">hnf-tr.mhtat@nhs.net</a>
East Riding AMHP Service		<a href="mailto:Amhp&amp;outofhoursteam@eastriding.gov.uk">Amhp&amp;outofhoursteam@eastriding.gov.uk</a>
Mental Health Legislation Team		<a href="mailto:her-tr.MentalHealthLegislation@nhs.net">her-tr.MentalHealthLegislation@nhs.net</a>

## Appendix 2: Equality Impact Assessment (EIA)

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

1. Document or Process or Service Name: Electronic Mental Health Act forms SOP
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? SOP

#### Main Aims of the Document, Process or Service

The aim of this SOP is to provide the necessary guidance and procedures when one has to deal with assessment and detention under the Act, and the correct processes to follow in relation to the legal paperwork/forms.

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

Equality Target Group	Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed?	How have you arrived at the equality impact score?
1. Age	<p>Equality Impact Score</p> <p>Low = Little or No evidence or concern (Green)</p> <p>Medium = some evidence or concern (Amber)</p> <p>High = significant evidence or concern (Red)</p>	a) who have you consulted with
2. Disability		b) what have they said
3. Sex		c) what information or data have you used
4. Marriage/Civil Partnership		d) where are the gaps in your analysis
5. Pregnancy/Maternity		e) how will your document/process or service promote equality and diversity good practice
6. Race		
7. Religion/Belief		
8. Sexual Orientation		
9. Gender Reassignment		

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
<b>Age</b>	<p>Including specific ages and age groups:</p> <p>Older people</p> <p>Young people</p> <p>Children</p> <p>Early years</p>	Low	This policy is consistent in its approach regardless of age.
<b>Disability</b>	<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</p> <p>Physical</p> <p>Learning</p> <p>Mental health</p> <p>(including cancer, HIV, multiple sclerosis)</p>	Low	<p>This policy is consistent in its approach regardless 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>
<b>Sex</b>	<p>Men</p> <p>Women</p>	Low	This policy is consistent in its approach regardless of gender.
<b>Marriage/Civil Partnership</b>		Low	This policy is consistent in its approach regardless of marriage/civil partnership.
<b>Pregnancy/Maternity</b>		Low	This policy is consistent in its approach regardless of pregnancy/maternity.

<b>Race</b>	Colour Nationality Ethnic/national origins	<b>Low</b>	This policy is consistent in its approach regardless of race. It is acknowledged however that for any patient whose first language is not English, as information needs to be provided and understood, staff will follow the Trust interpretation procedure.
<b>Religion or Belief</b>	All religions Including lack of religion or belief and where belief includes any religious or philosophical belief	<b>Low</b>	This policy is consistent in its approach regardless of religion or belief.
<b>Sexual Orientation</b>	Lesbian Gay Men Bisexual	<b>Low</b>	This policy is consistent in its approach regardless of sexual orientation.
<b>Gender Reassignment</b>	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	<b>Low</b>	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.

## Summary

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

The standards and principles described within the policy prompt the clinician to have regard to individual holistic needs of the person being assessed in relation to use of the MHA. Staff must carry out mandatory Equality, Diversity and Human Rights training via e-learning.

It is felt that this policy and any associated documentation would seek to uphold principles of individualised planning and arrangements for ongoing care needs.

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 the MHA 1983.

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

Date completed: 04/07/24

Signature: M Nolan