

## STANDARD OPERATING PROCEDURE SECTION 132/132A (MHA 1983) INFORMATION FOR PATIENTS, NEAREST RELATIVES, CARERS AND OTHERS

<b>Document Reference</b>	SOP16-001
<b>Version Number</b>	3.1
<b>Author/Lead Job Title</b>	Sara Johns - Mental Health Legislation Manager Michelle Nolan – Mental Health Act Clinical Manager
<b>Instigated by: Date Instigated:</b>	Mental Health Legislation Committee February 2016
<b>Date Last Reviewed:</b>	12 April 2023
<b>Date of Next Review:</b>	April 2026
<b>Consultation:</b>	Matrons, Unit Managers and Deputy Unit Managers
<b>Ratified and Quality Checked by: Date Ratified:</b>	Mental Health Legislation Steering Group 19 April 2023
<b>Name of Trust Strategy / Policy / Guidelines this SOP refers to:</b>	Mental Health Act Policy

**VALIDITY – All local SOPS should be accessed via the intranet.**

### CHANGE RECORD

Version	Date	Change details
1.0	Feb16	Created as SOP from appendix of old MHA Policy
2.0	May 17	Reviewed and amended to remove timescales for reading of rights, insert revised Z05 form and update rights flowchart.
2.1	July 17	Added narrative to sections 4.1 Information to give patients, 4.3 Information for informal patients and 4.5 Frequency of repeating rights
2.1	August 17	Amendments to frequency section (4.5) following comments from MHLC.
3	May 2020	Full review
3.1	April 2023	Full review – added requirements of informing about IMHA (page 4), added that Nursing Associates can read rights if competent (page 7), added caselaw about NR power of discharge (page 9). Approved at MHL Steering Group (19 April 2023).

## Contents

1. INTRODUCTION .....	3
2. SCOPE .....	3
3. DUTIES AND RESPONSIBILITIES.....	3
4. PROCEDURES .....	3
5. REFERENCES .....	10
6. APPENDICES.....	10
APPENDIX 1: LORENZO GUIDE – SECTION RIGHTS CARE PLAN – Z42.....	11
APPENDIX 2: EQUALITY IMPACT ASSESSMENT .....	21

## 1. INTRODUCTION

The Act requires hospital managers to take steps to ensure that patients who are detained or are subject to a Community Treatment Order understand important information about how the Act applies to them. Effective communication is essential in ensuring appropriate care and respect for patients' rights. Staff responsible for caring for patients should identify any communication difficulties (language barriers, learning disability, difficulty in reading or writing, visual or hearing impairment, and cultural barriers) and seek to address them.

## 2. SCOPE

This procedure applies to all Trust staff, contracted agency staff and supporting agencies that have a responsibility for patients subject to any section under the Mental Health Act 1983.

## 3. DUTIES AND RESPONSIBILITIES

Divisional leads ensure dissemination of Mental Health Policy and associated Standard operating procedures

All staff involved in delivery of clinical care must ensure compliance with the requirements of the Mental Health Act code of Practice (2015), associated Trust policies and Standard operating procedures

## 4. PROCEDURES

The Act requires 'hospital managers' to take steps to ensure that patients who are detained in hospital under the Act, or who are subject to a Community Treatment Order (CTO), understand important information about how the Act applies to them. This duty is delegated down to staff working with patients. Details of this are shown in the Scheme of Delegation. This must be done as soon as practicable after the start of the patient's detention or the CTO. This information must be given to the patients subject to a CTO ('community patient') and at any such time that the patient in the community on a CTO is being recalled to hospital.

Every effort should be made by the multi-disciplinary team to ensure that the patient retains dignity, self-respect and is treated as an individual. Staff must try to overcome any identified barriers to communication and understanding of this information by working with carers and advocates, including Independent Mental Health Advocates (IMHA). Providing information in format/language that meets individual needs, engaging services of an interpreter or where required someone who can use sign language or Makaton, and having accessible format information. Rights leaflets are available in a variety of different languages. See web link:-

[http://www.mentalhealthlaw.co.uk/Foreign-language\\_information\\_leaflets](http://www.mentalhealthlaw.co.uk/Foreign-language_information_leaflets)

[http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_089275](http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_089275)

### 4.1. Information for detained patients or those subject to CTO

Patients must be informed:

- Of the provisions of the Act under which they are detained or subject to a CTO and the effect of those provisions
- Of the rights (if any) of their nearest relative to discharge them (and what can happen if their responsible clinician does not agree with that decision)

- That help is available to them from an (Independent Mental Health Advocate) IMHA, and how to obtain that help (chapter 6, MHA Code of Practice 2015)
- For community patients, of the effect of the CTO, including the conditions which they are required to keep and the circumstances in which their responsible clinician may recall them to hospital.

As part of explaining their rights, patients should be told:

- The reasons for their detention or CTO
- The maximum length of the current period of detention or CTO but making it clear that they could be discharged sooner
- How to apply to both the First Tier Tribunal and also Associate Hospital Managers panels
- Given information on the role of a mental health solicitor and the fact that is free of charge
- That their detention or CTO may be ended at any time if it is no longer required or the criteria for it are no longer met
- That they will not automatically be discharged when the current period of detention or CTO ends
- That their detention or CTO will not automatically be renewed or extended when the current period or CTO ends
- For patients on a CTO that medication cannot be imposed and that they are NOT legally obliged to comply with taking their medicine under a CTO
- For patients on a CTO the reasons for being recalled, and
- For patients on a CTO, the reasons for the revocation of a CTO
- For detained patients, what the Act says about their treatment for a mental disorder, when they might be treated without their consent, when they can refuse treatment
- Information about the role of second opinion appointed doctors (SOAD) and circumstances in which they can be involved
- Where appropriate the rules on administration of Electro-convulsive therapy and medication administered as part of this
- How to complain and the role of the Care Quality Commission
- Where the need for safeguarding may arise and the steps that may be taken should the patient present a risk to themselves or others

Patients should also be told the essential legal and factual grounds for their detention or CTO. For the patient to be able to adequately and effectively challenge the grounds for their detention or their CTO, should they wish, they should be given the full facts rather than simply the broad reasons. This should be done promptly and clearly. They should be told they may seek legal advice, and assisted to do so if required.

Additionally, copies of the detention or CTO documentation must be made available to the patient as soon as practicable unless a decision has been made that the information would adversely affect the mental health and wellbeing of the patient. The documents must also not identify any third party.

If the section the patient is being detained under changes, information about the new situation must be given. This also applies where a detained patient becomes subject to a CTO.

#### **4.2. Information about seeking a review of detention or CTO**

Staff must ensure patients are advised of their rights to be considered for discharge, including who can discharge them. This must also include their right to ask for discharge by a manager's panel or tribunal and the process of appeal.

Staff must offer any assistance to patients to make an application for an appeal. This could include assisting contacting legal representation and providing contact details for other organisations who can support their application to the tribunal such as an IMHA.

Patients whose CTO is revoked, and conditionally discharged patients recalled to hospital should be told their cases will be referred automatically to the Tribunal. This process will be completed by the Mental Health Legislation Department or the Secretary of State.

#### **4.3. Information for informal hospital patients:**

Although the Act does not impose any duties to give information to informal patients, it is a Trust requirement that these patients have their legal position and rights explained to them in a format and language that they understand.

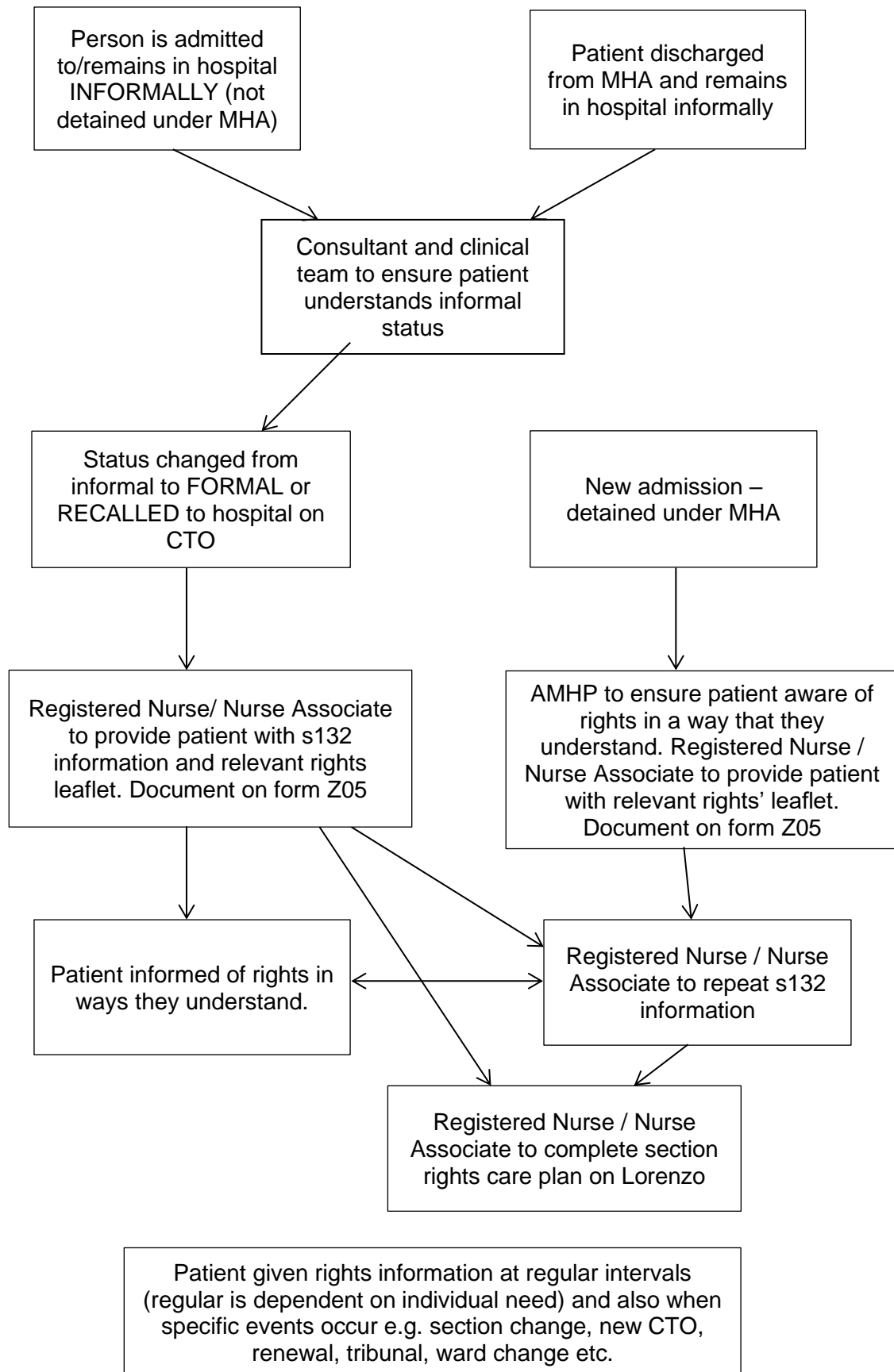
Informal patients should be provided with relevant information (e.g. about how to make a complaint and consent requirements for treatment).

Informal patients must be allowed to leave if they wish. There should be information on display on the ward for informal patients to inform them of their means of access to and egress from the ward.

Informal patients cannot be required to ask permission to leave the ward but may be asked to inform staff when they wish to do so. Prior to the patient going on leave or taking time off the ward, the nurse in charge should conduct a risk assessment to satisfy themselves they are happy for the patient to leave the ward. Where there is cause for concern, the nurse in charge should discuss their concerns with the appropriate Approved Clinician. If they are unavailable the duty doctor should be involved.

Patients must be made aware that if there is cause for concern the use of the Mental Health Act may be considered for implementation.

#### 4.4. Informing patients of Their Rights under Section 132/132A of the MHA Flowchart



#### **4.5. Frequency**

All patients subject to detention or liable to be detained under the Mental Health Act 1983 should have their rights explained to them as soon as practically possible following the section or CTO being applied in a way which maximises their ability to understand the information.

Ongoing frequency of repeating rights should be on a regular basis, which will depend on the patient's individual assessed need. It may be necessary to repeat rights to some patients more regularly if they lack the capacity to understand their rights on the initial explanation until staff are confident that the patient understands.

Reading of rights and patient's capacity to understand their rights can be a balancing act. If a patient lacks capacity to understand their rights and the repeating of rights clearly causes distress or harm to the patient then clinical judgement may deem this to be a reason not to keep repeating their rights on such a frequent basis. It is important in these circumstances that the reasons for repeating rights less frequently are clearly documented.

Staff should be aware of key timings and the need to read/repeat rights at change of section, change of presentation, significant events, and major life decisions for example.

A record must be kept of the information given, including how, when, where, and by whom the information was given.

All inpatients (detained and informal), and all patients subject to a CTO will have a section rights care plan (Z42) completed following the first reading of rights and must identify how often the patient needs their rights repeating based on individual need (see Appendix 1 – Lorenzo guide).

#### **4.6. Who is Responsible?**

In the first instance the AMHP completing the application should be the verbal information source for the patient and should try to ensure that the information is given in a language which he/she can clearly understand and sufficient emphasis given to those whose capacity is impaired. This should then be repeated by the Nurse in charge of the ward or whichever registered nurse takes responsibility for the patient once the AMHP has left. Nurse Associates are also permitted to give patients their rights if competent to do so.

It must be remembered that the level of distress or disturbance may be such that the information may have to be repeated on several occasions over a period of time to ensure that the patient understands fully the terms of his/her detention using the Section 132 (Form Z05).

The patient should receive written confirmation in the form of the Rights leaflet given to the patient, in accordance with Section 132 of the Mental Health Act 1983.

The full reasons why the individual has lost their liberty in the form of detention under the Mental Health Act 1983 must be clearly explained with a supporting copy of the Section papers being given to the patient if appropriate.

The completed Section 132 of the Mental Health Act 1983 (Form Z05), unless completed electronically, must be scanned and emailed to the Mental Health Legislation Department along with the Section papers; Mental Health Legislation Team will collect the original documents.

Staff must ensure they record on the S132 form (Z05) whether the patient has capacity to consent to a referral for an IMHA. If they do not have capacity, or if they consent, then an automatic referral will be made to the IMHA service by the Mental Health Legislation Department.

Patients must be made aware of the differences in making a request to the Hospital Managers for discharge and the First Tier Tribunal i.e. time frames and the differing forums.

Although the nurse in charge is the key person to disseminate information once the AMHP has left the ward it must be remembered that there is quite a clear distinction between the role of advocate and detainer. The patient has clear defined rights to legal representation and his/her wishes must be assisted. This may be achieved by an advocate of the patient's choice. This may often be a person or organisation, who is not involved in that patient's direct care. Staff have a duty to ensure the patient is made aware of these advocacy resources and their right of access.

Each Inpatient Unit will have the responsibility of informing the patient's nearest relative of the detention/further detention in hospital under different section and rights under the Mental Health Act. Under S133 Nearest relatives must be told of the patients discharge, preferably giving them at least 7 days notice if practicable. They should also be informed of renewal of detention, extension of CTO and transfer to another hospital unless the patient has made staff aware of their objection to this information being shared. This does not apply to part 3 patients as nearest relatives have no power of discharge for these sections.

When a detained patient or community patient is discharged, or the authority for their detention or the CTO expires, this fact should be made clear to them. The patient should be given an explanation of what happens next, including any section 117 after-care or other services which are to be provided.

It is the responsibility of the unit/ward multi-disciplinary clinical team to respond to the process of further detention in hospital under different Section or renewals, and the compliance with the patient's rights under Section 132 of the Mental Health Act 1983 and Article 5(2) of the Human Rights Act 1998.

A fresh explanation of patients' rights should be considered in particular when:

- The patient considers applying to the tribunal or becomes eligible to do so
- The patient requests managers panel consider discharging them, or such a request is refused
- Rules in the act about treatment changes (three-month rule)
- Significant change in treatment, care programme review is due to be held
- Decision is being considered, or has been taken to renew detention or extend CTO
- A decision is taken to recall a community patient /conditionally discharged patient or revoke a CTO

Staff to make every effort to ensure that the patient understands their rights. Staff will regularly repeat the process of informing patients of their rights and checks will be carried out to ensure the activity has been undertaken.

Tribunals and Managers Hearings will be arranged by the Mental Health Legislation Department. The respective bodies will convene wherever the patient is detained or at the community team if patient is subject to a CTO. They can also be done virtually if this is what the patient requests.

The appropriate staff members within the Mental Health Legislation Department will be responsible for the administration of the Consent to Treatment Form. These staff will ensure that the relevant documentation is kept in the patient's Section file with the workable copy on the unit/ward. This procedure should be read and practiced in conjunction with:

- the Code of Practice (2015) Chapter 4

The statutory duties to inform the patient of their right to appeal their detention etc (i.e. under Section 132 of the Mental Health Act 1983 and Article 5[2] of the Human Rights Act 1998) remain key obligations for nursing and MHA administrative staff of the Trust. Every effort must also be taken in accordance with the Mental Capacity Act 2005 to ensure that patients who have impaired capacity are given full assistance to understand their rights.



Each time rights are explained to a patient a record is made of their capacity at that time.

The nearest relative, if practicable, must also be given information on the above both verbally and in writing.

The patient must be advised this is going to happen beforehand so that they have a chance to object, and discuss what information they are happy to share and what they would like to be kept private. This includes detained patients and those subject to a CTO.

Consideration must be given to sharing information without the patients consent and very clear rationale for doing so which considers risks resulting from this decision and detrimental impact on the patient.

Staff should communicate with patients to allow them to nominate any other people they wish to have information shared with about their care and treatment, this would include family / carers / significant others. It is good practice to involve any nominated person unless deemed otherwise not appropriate. This might be because it is felt not in the interest of the patient, the other party has requested to not be involved or there would be a delay in decision making.

#### **4.7. The Nearest Relative's Power of Discharge**

Patients detained for assessment or treatment under part 2 of the Act may be discharged by their nearest relatives. The hospital managers should ensure that the nearest relative is aware of this power and how to use it.

Before giving a discharge order, nearest relatives must give the hospital managers at least 72 hours' notice in writing of their intention to discharge the patient. During that period, the patient's responsible clinician can block the discharge by issuing a 'barring report' stating that, if discharged, the patient is likely to act in a manner dangerous to themselves or others.

This question focuses on the probability of dangerous acts, such as causing serious physical injury or lasting psychological harm, not merely on the patient's general need for safety and others' general need for protection.

For the 72 hours to start running, the form should be (a) 'delivered ... at that hospital to an officer of the managers authorised by the managers to receive it'; (b) sent by pre-paid post to the managers; or (c) if the managers agree, delivered using internal mail ([Mental Health \(Hospital, Guardianship and Treatment\) \(England\) Regulations 2008](#), reg 3(3)).

Time does not start running if the form is delivered by a method not prescribed above, for example by leaving it with a nurse or receptionist (as happened in [Re GK \(Patient: Habeas Corpus\); Kinsey v North Mersey Community NHS Trust \[1999\] EWHC Admin 577](#)) or by sending it to a generic fax number (as happened in [K v Hospital Managers of the Kingswood Centre \[2014\] EWCA Civ 1332, \[2014\] MHLO 102](#)). In both these cases the 72-hour period started when the MHA Administrator received the documentation at a later date.

The nearest relative's notice and discharge order must both be given in writing, but does not have to be in any specific form. In practice, hospital managers should treat a discharge order given without prior notice as being both notice of intention to discharge the patient after 72 hours and the actual order to do so.

The barring certificate/barring order is the only basis for preventing discharge.

- If the RC does not issue a barring certificate then the patient would be discharged at the end of the 72-hour period. The RC could decide to discharge the patient under his own s23 powers before then.

- If the RC does bar the discharge, the hospital managers must consider holding a review (see Code of Practice). They invariably hold an oral hospital managers' hearing.

If the discharge is barred, that NR cannot order discharge again for 6 months from the date of the barring order.

If the MDT are concerned that the nearest relative has exercised their right to request discharge 'without due regard to the welfare of the patient or the interests of the public... or is likely to do so' then consideration should be given to referring to an AMHP for possible displacement of the nearest relative under Section 29 (MHA 1983).

Hospital managers should ensure that they have the systems in place to ensure notices and discharge orders served on the hospital are received and considered without delay by hospital managers or their authorised officers.

Humber Teaching NHS Foundation Trust have a checklist used to monitor any requests that are made (Checklist 32).

## 5. REFERENCES

Humber Teaching NHS Foundation Trust Mental Health Act Legislation Policy

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

Jones. R. (2015) *Mental Health Act manual* Latest Edition. London. Sweet & Maxwell

Mental Health Act Code of Practice 2015

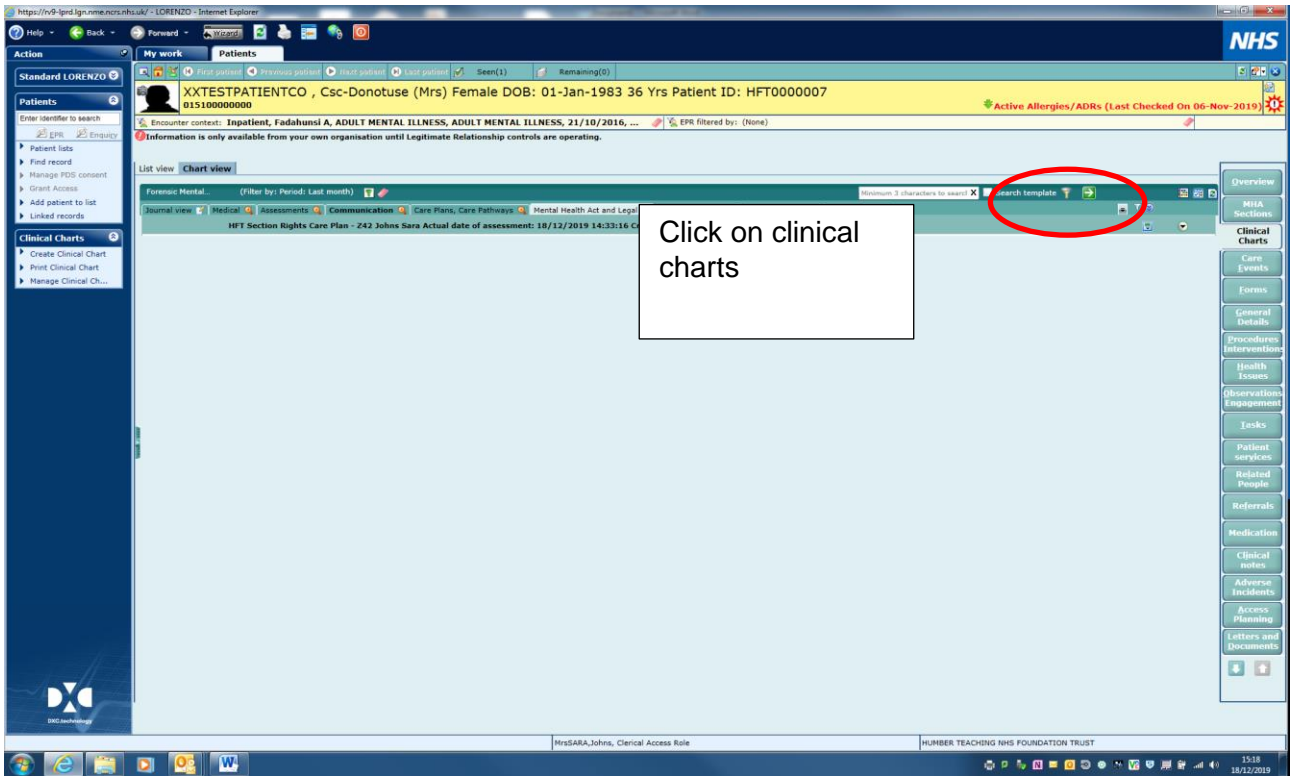
## 6. APPENDICES

APPENDIX 1: LORENZO GUIDE – SECTION RIGHTS CARE PLAN – Z42

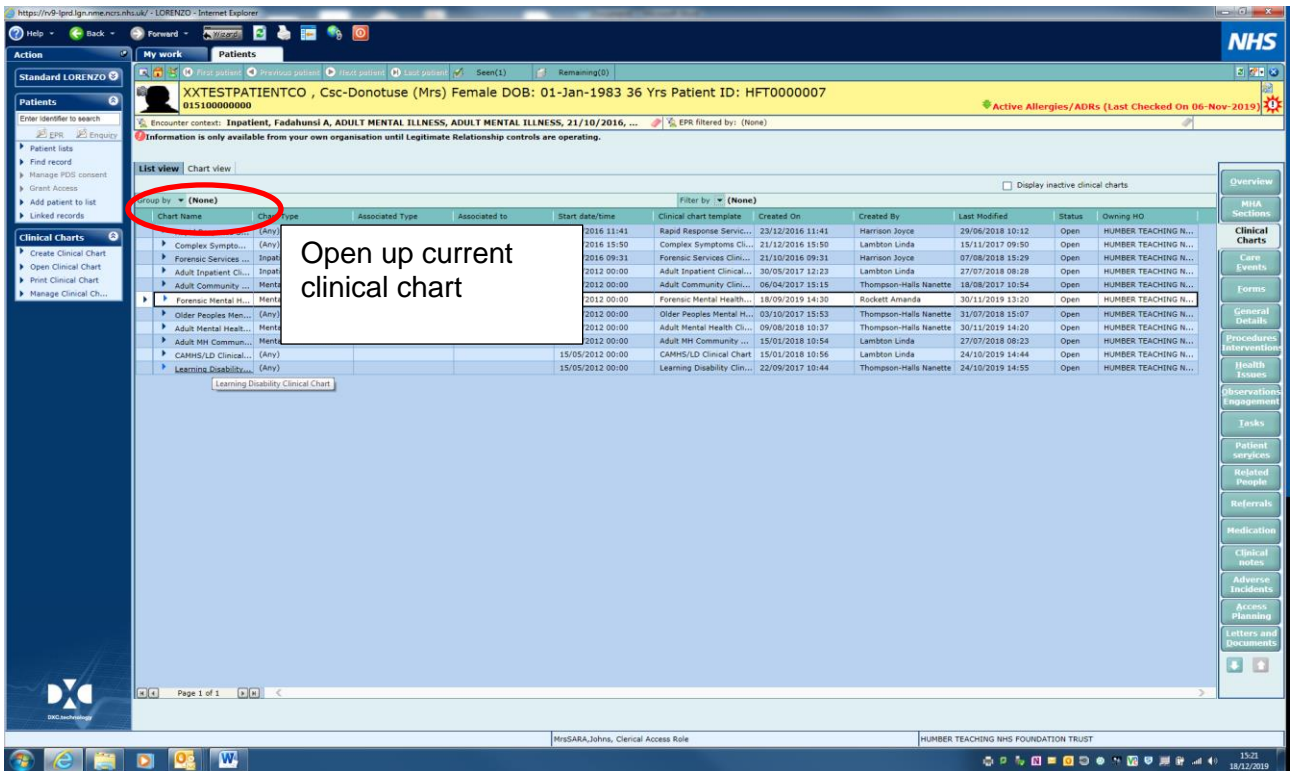
Appendix 2: Equality Impact Assessment

# APPENDIX 1: LORENZO GUIDE – SECTION RIGHTS CARE PLAN – Z42

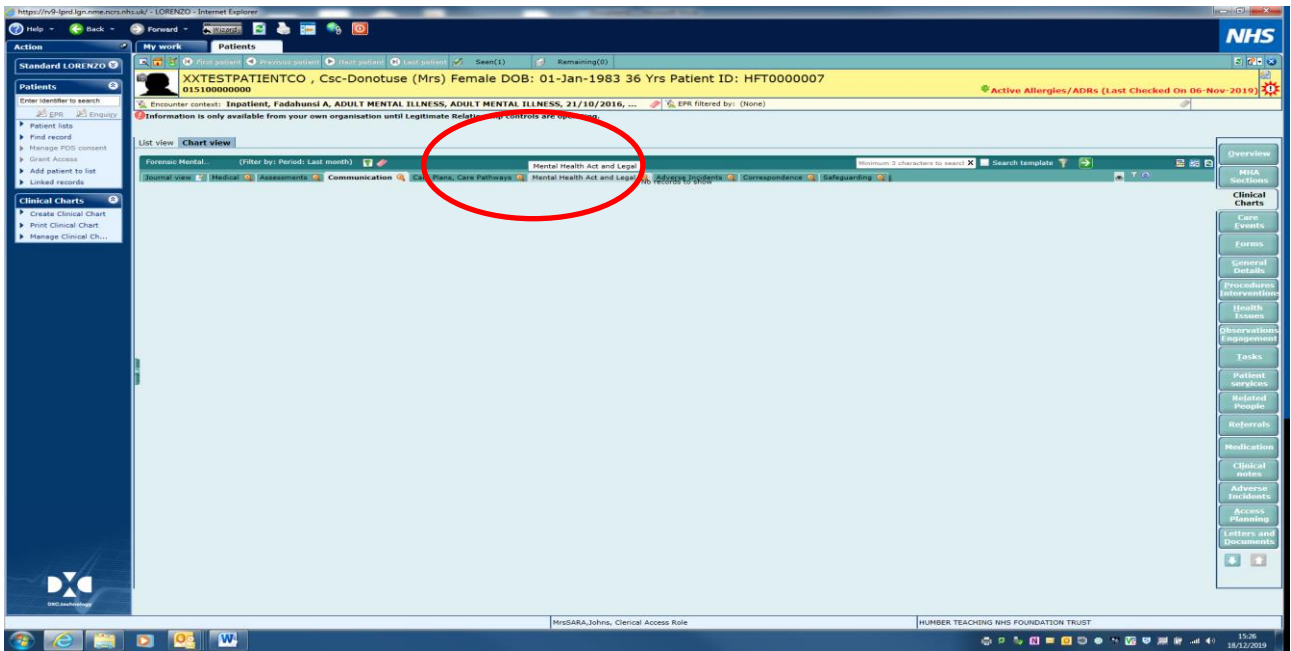
Click on clinical charts



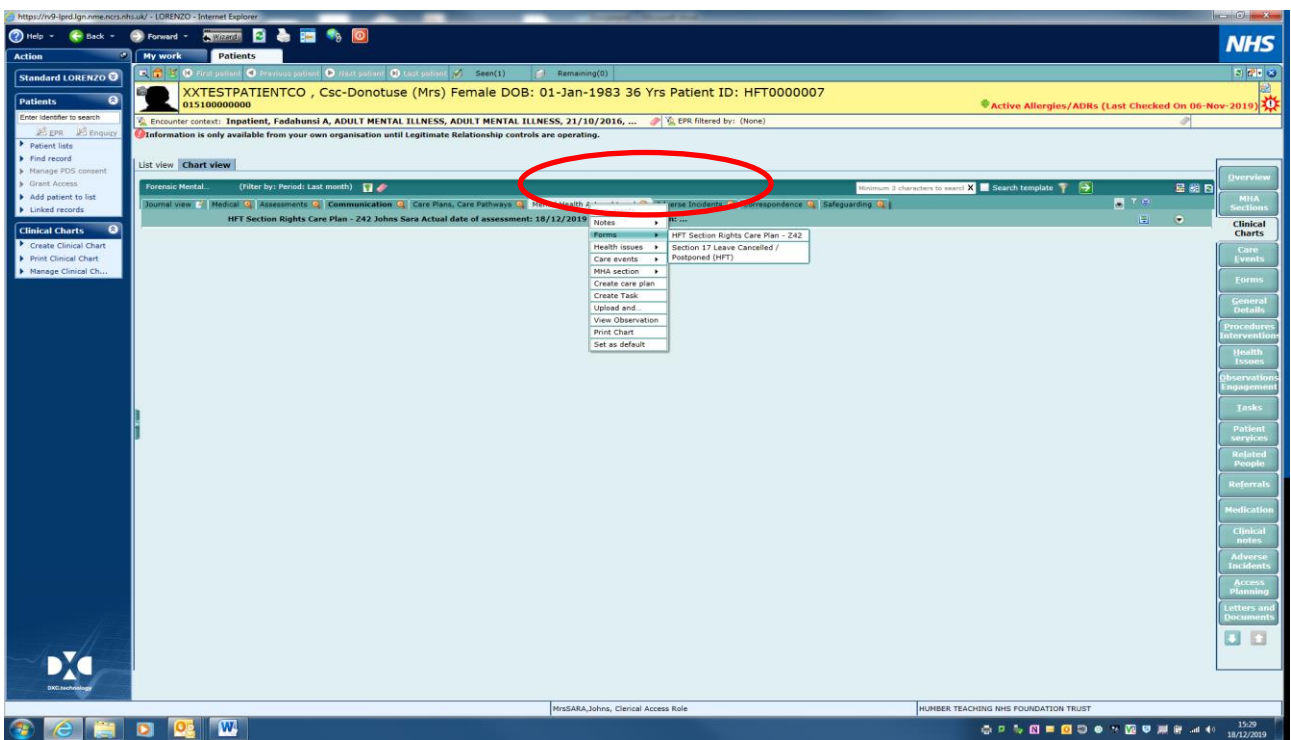
Open up current clinical chart



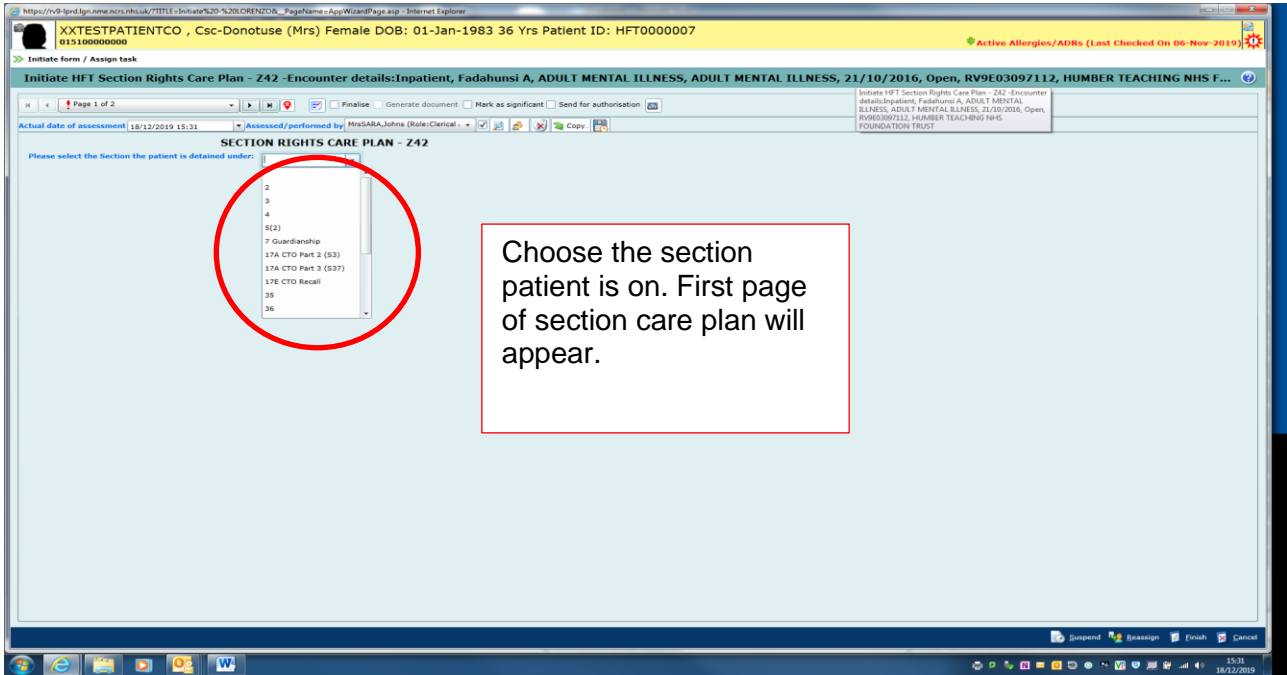
Open Mental Health Act and Legal tab



Right click and open forms



## Select HFT Section rights care plan



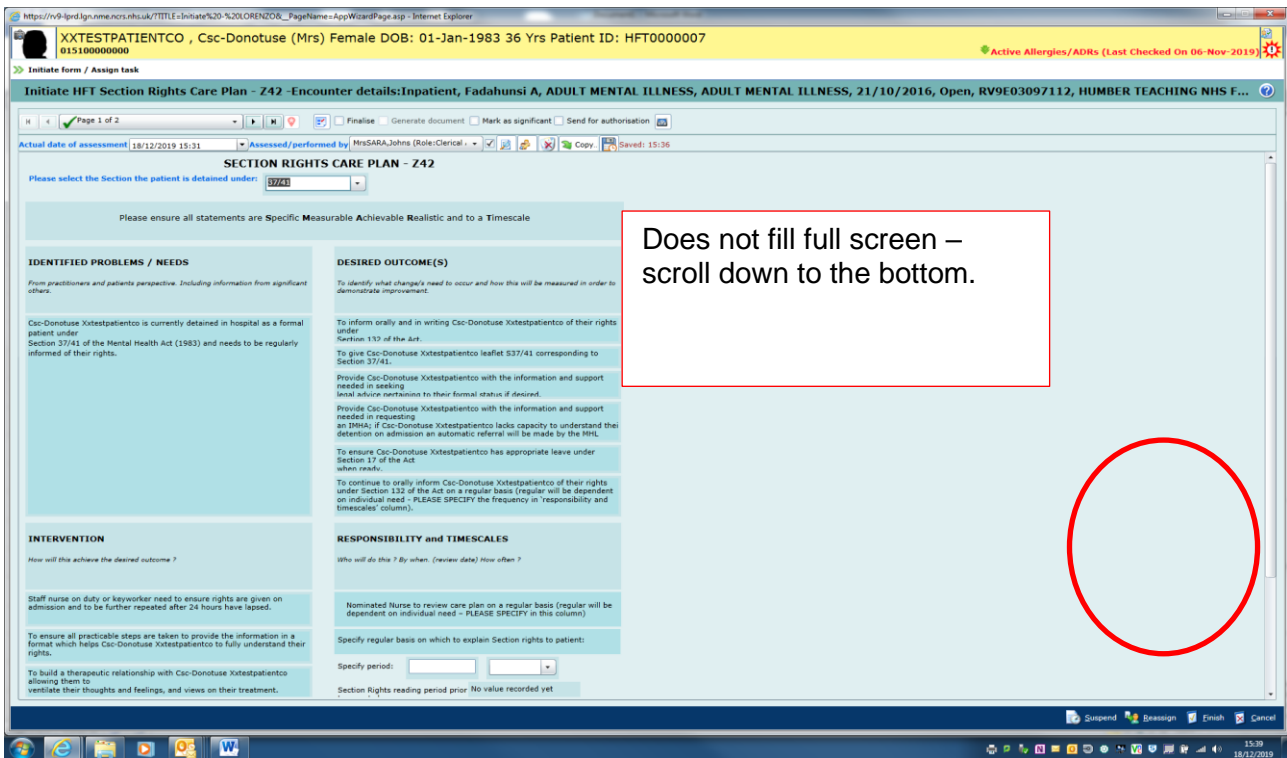
Actual date of assessment 18/12/2019 15:31 Assessed/performed by MrsSARA,Johns (Role:Clerical)

**SECTION RIGHTS CARE PLAN - Z42**

Please select the Section the patient is detained under:

- 2
- 3
- 4
- 5(2)
- 7 Guardianship
- 17A CTO Part 2 (S3)
- 17A CTO Part 3 (S37)
- 17E CTO Recall
- 35
- 36

Choose the section patient is on. First page of section care plan will appear.



Actual date of assessment 18/12/2019 15:31 Assessed/performed by MrsSARA,Johns (Role:Clerical) Saved: 15:36

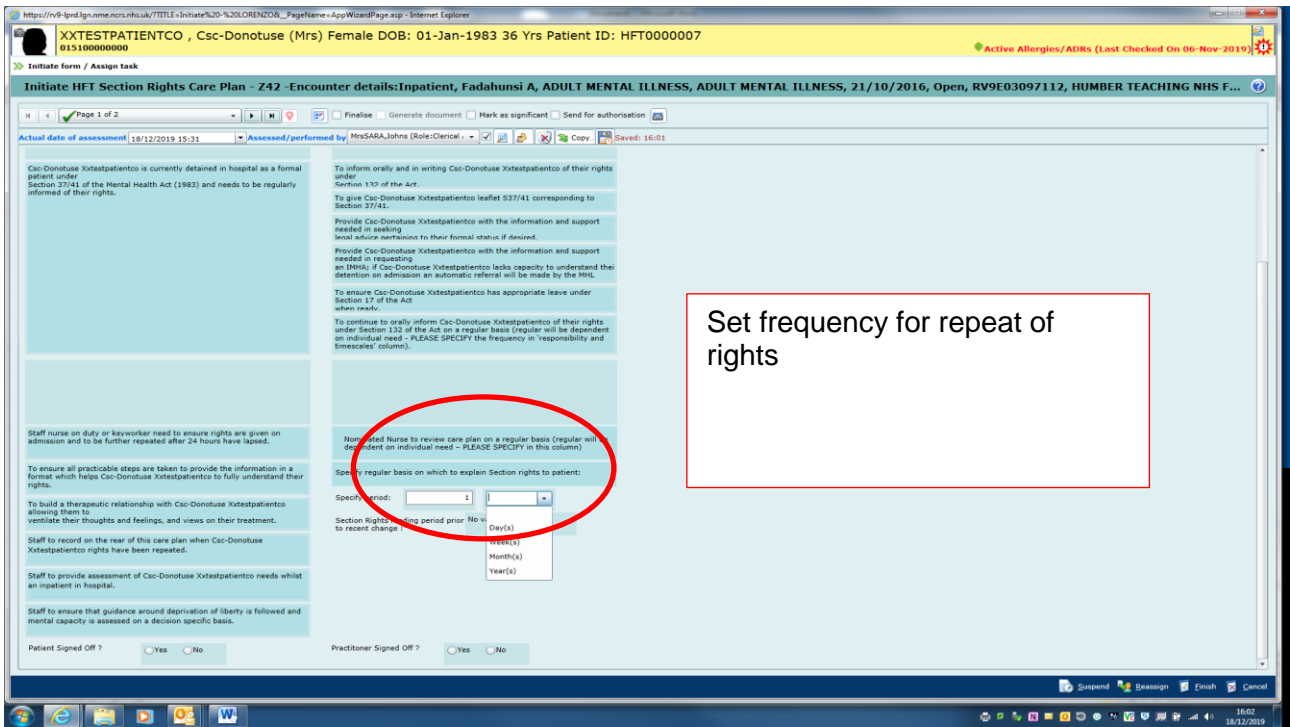
**SECTION RIGHTS CARE PLAN - Z42**

Please select the Section the patient is detained under: 37(41)

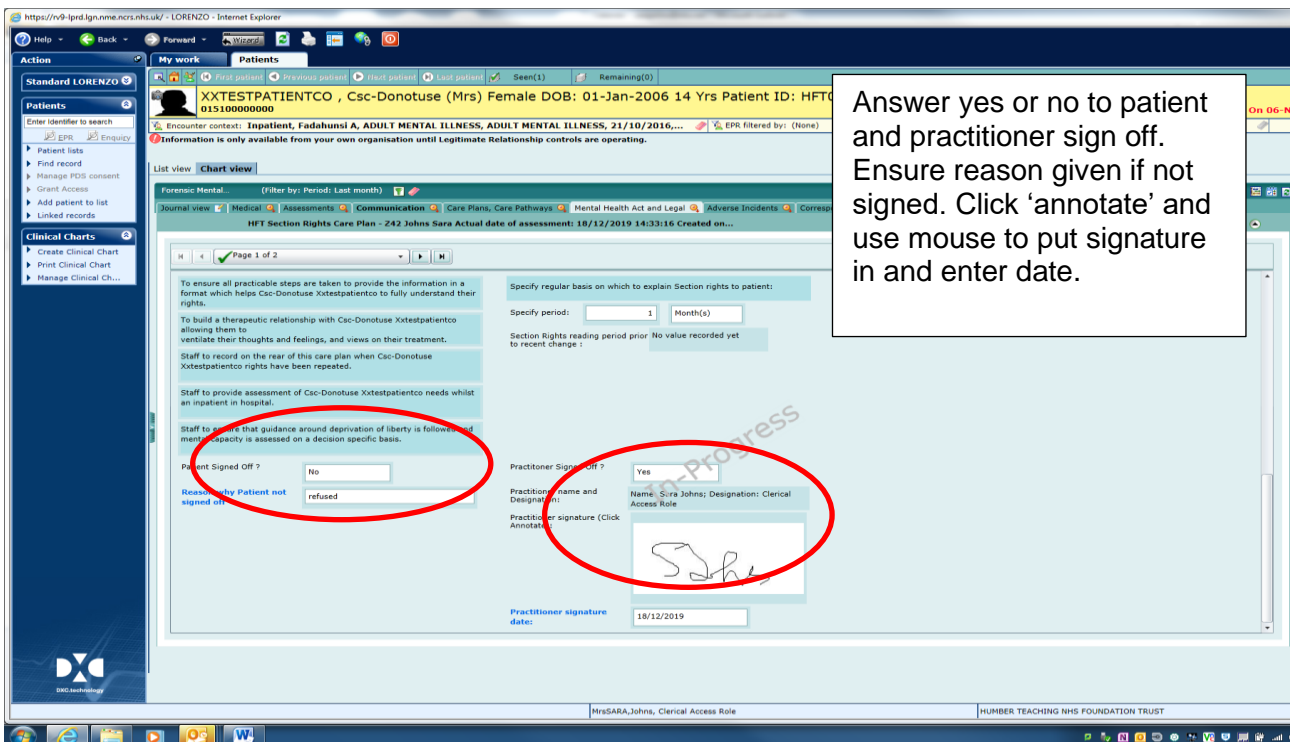
Please ensure all statements are Specific Measurable Achievable Realistic and to a Timescale

IDENTIFIED PROBLEMS / NEEDS	DESIRED OUTCOME(S)
From practitioners and patients perspective. Including information from significant others. Csc-Donotuse Xitestpatientco is currently detained in hospital as a formal patient under Section 37(41) of the Mental Health Act (1983) and needs to be regularly informed of their rights.	To inform orally and in writing Csc-Donotuse Xitestpatientco of their rights under Section 17 of the Act. To give Csc-Donotuse Xitestpatientco leaflet 537/41 corresponding to Section 37(41). Provide Csc-Donotuse Xitestpatientco with the information and support needed in seeking local advice on extension to their formal status if desired. Provide Csc-Donotuse Xitestpatientco with the information and support needed in requesting an IMHA; if Csc-Donotuse Xitestpatientco lacks capacity to understand the detention on admission an automatic referral will be made by the MHL. To ensure Csc-Donotuse Xitestpatientco has appropriate leave under Section 17 of the Act when ready. To continue to orally inform Csc-Donotuse Xitestpatientco of their rights under Section 132 of the Act on a regular basis (regular will be dependent on individual need - PLEASE SPECIFY the frequency in 'responsibility and timescales' column).
INTERVENTION	RESPONSIBILITY and TIMESCALES
How will this achieve the desired outcome ? Staff nurse on duty or keyworker need to ensure rights are given on admission and to be further repeated after 24 hours have lapsed. To ensure all practicable steps are taken to provide the information in a format which helps Csc-Donotuse Xitestpatientco to fully understand their rights. To build a therapeutic relationship with Csc-Donotuse Xitestpatientco allowing them to ventilate their thoughts and feelings, and views on their treatment.	Who will do this ? By when (review date) How often ? Nominated Nurse to review care plan on a regular basis (regular will be dependent on individual need - PLEASE SPECIFY in this column). Specify regular basis on which to explain Section rights to patient: Specify period: <input type="text"/> <input type="text"/> Section Rights reading period prior: No value recorded yet

Does not fill full screen - scroll down to the bottom.



Set frequency for repeat of rights



Answer yes or no to patient and practitioner sign off. Ensure reason given if not signed. Click 'annotate' and use mouse to put signature in and enter date.



Move onto page 2 of the care plan by clicking the drop down bar (as circled).

Complete staff and patient signature (click annotate). State reason if patient doesn't sign

Populate all columns with blue heading.

Date and comments will default automatically

Observed Date/ Time	Date Rights Explained	Consider Patient Understood Rights?	If no (or if patient consents) has an IMHA referral been made?	If no, has the MHA been considered?	Date Rights to be Repeated	Dates Reading Mismatch Comments	Staff Signature (Click Annotate)	Patient Signature (Click Annotate)	If applicable, explain why Patient not signed
18/12/2019 14:34:24	18/12/2019	No	Yes		18/01/2020	First reading of section rights			declined

For S131 (informal) the IMHA referral box is not functional and a new mandatory box appears “If no has the MHA been considered?”

Initiate form / Assign task

Initiate HFT Section Rights Care Plan - Z42 - Encounter details: Inpatient, Fadahunsi A, ADULT MENTAL ILLNESS, ADULT MENTAL ILL...

Actual date of assessment 19/03/2020 14:46 Assessed/performed by MissMICHELLE,Nolan (Role: Cle...)

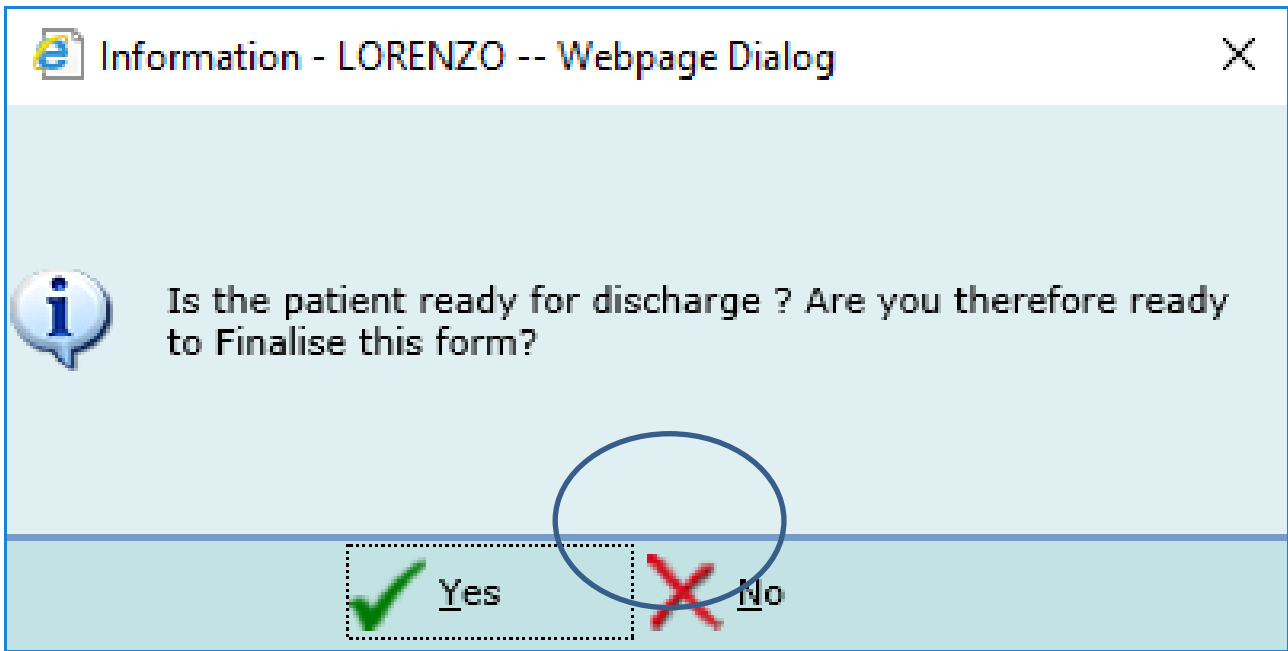
DO NOT FINALISE THIS FORM UNTIL THE PATIENT IS DISCHARGED

Section Rights Explained Record

Observed Date/ Time	Date Rights Explained	Consider Patient Understood Rights?	If no (or if patient consents) has an IMHA referral been made?	If no, has the MHA been considered?	Date Rights to be Repeated	Dates Reading Mismatch Comments	Staff Signature (Click Annotate)	Patient Signature (Click Annotate)
19/03/2020 14:56:44		<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A			Annotate	An

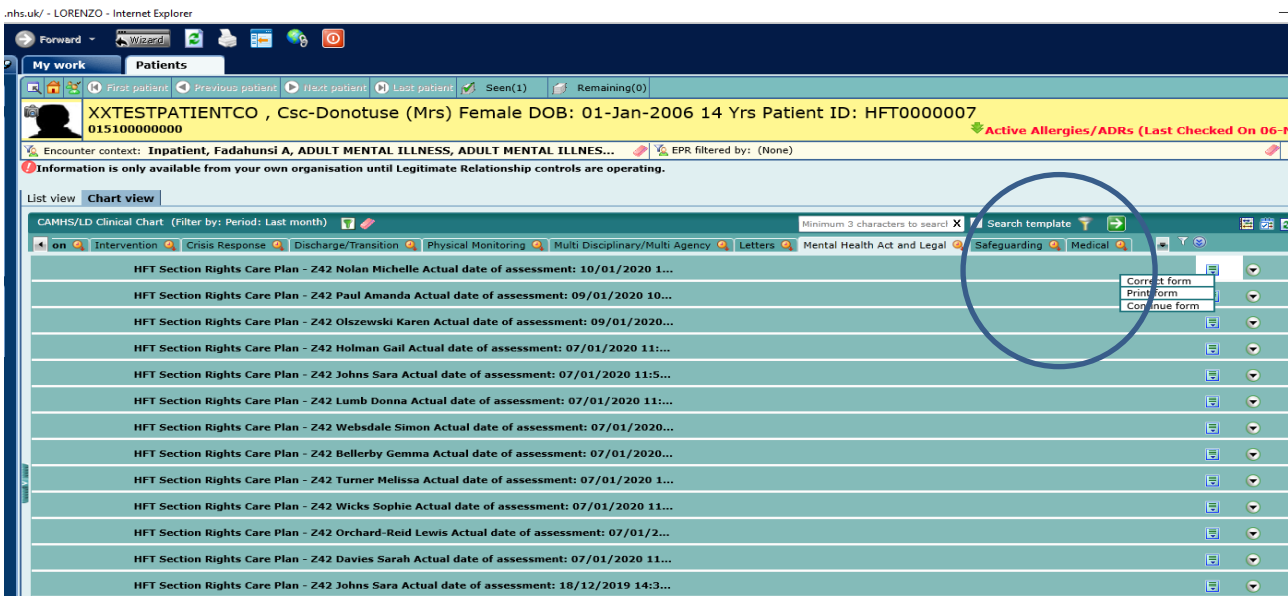
The care plan will automatically populate to tell you when rights next due to be read.

Click finish – the dialog box below will appear – click ‘No’ unless the patient is to be discharged.



## Repeating of rights

Next staff member to use the form hover over blue drop down box and choose ‘Continue form’





Select page 2

Continue HFT Section Rights Care Plan - Z42 - Encounter details: Inpatient, Fadahunsi A, ADULT MENTAL ILLNESS, ADULT MENTAL IL...

Page 1 of 2  
Page 2 of 2

SECTION RIGHTS CARE PLAN - Z42

Please select the Section the patient is detained under: 37/41

Csc-Donotuse Xxtestpatientco is currently detained in hospital as a formal patient under Section 37/41 of the Mental Health Act (1983) and needs to be regularly informed of their rights.

To inform orally and in writing Csc-Donotuse Xxtestpatientco of their rights under Section 132 of the Act.

To give Csc-Donotuse Xxtestpatientco leaflet S37/41 corresponding to Section 37/41.

Provide Csc-Donotuse Xxtestpatientco with the information and support needed in seeking

Provide Csc-Donotuse Xxtestpatientco with the information and support needed in requesting an IMHA; if Csc-Donotuse Xxtestpatientco lacks capacity to understand their retention on admission an automatic referral will be made by the MHI

To ensure Csc-Donotuse Xxtestpatientco has appropriate leave under Section 17 of the Act

To continue to orally inform Csc-Donotuse Xxtestpatientco of their rights under Section 132 of the Act on a regular basis (regular will be dependent on individual need - PLEASE SPECIFY the frequency in 'responsibility and timescale' column)

Click on blue drop down box

Section Rights Explained Record

Observed Date/ Time	Date Rights Explained	Consider Patient Understood Rights?	If no (or if patient comments) has an IMHA referral been made?	Date Rights to be Repeated	Dates Reading Mismatch Comments	Staff Signature (Click Annotate)	Patient Signature (Click Annotate)	If applicable explain why 'Add section' not signed
18/12/2019 14:34:24	18/12/2019	No	Yes	18/01/2020	First reading of section rights	SS		declined
04/01/2020 14:43:30		Yes/No	Yes/No/N/A					

Select 'Add section' to repeat rights

New row appears

Continue HFT Section Rights Care Plan - Z42 -Encounter details:Inpatient, Fadahunsi A, ADULT MENTAL ILLNESS, ADULT MENTAL ILLNESS, 21/10/2016, Open, RV9E03097112, HUMBER TEACHING NHS F...

Actual date of assessment: 18/12/2019 14:33 | Assessed/performed by: Johns Sara (Role:Clinical Acce...)

DO NOT FINALISE THIS FORM UNTIL THE PATIENT IS DISCHARGED

Observed Date/ Time	Date Rights Explained	Consider Patient Understood Rights?	If no (or if patient comments) has an IMHA referral been made?	Date Rights to be Repeated	Dates Reading Mismatch	Comments	Staff Signature (Click Annotate)	Patient Signature (Click Annotate)	If applicable, explain why Patient not signed
18/12/2019 14:34:24	18/12/2019	No	Yes	18/01/2020	First reading of section rights				declined
06/01/2020 14:42:30	06/01/2020	Yes/No	Yes/No/IN/A	18/01/2020	Correct date for reassessment		Annotate	Annotate	

Populate all columns with blue heading.

Date and comments will default automatically

Complete staff and patient signature (click annotate). State reason if patient doesn't sign

You will be asked for a reason if rights are repeated earlier or later than the frequency specified on page 1.

## Reviewing frequency of rights

Hover over blue drop down box and choose 'Correct form'

nhs.uk/ - LORENZO - Internet Explorer

My work | Patients

First patient | Previous patient | Next patient | Last patient | Seen(1) | Remaining(0)

XXTESTPATIENTCO , Csc-Donotuse (Mrs) Female DOB: 01-Jan-2006 14 Yrs Patient ID: HFT0000007

Encounter context: Inpatient, Fadahunsi A, ADULT MENTAL ILLNESS, ADULT MENTAL ILLNES... | EPR filtered by: (None)

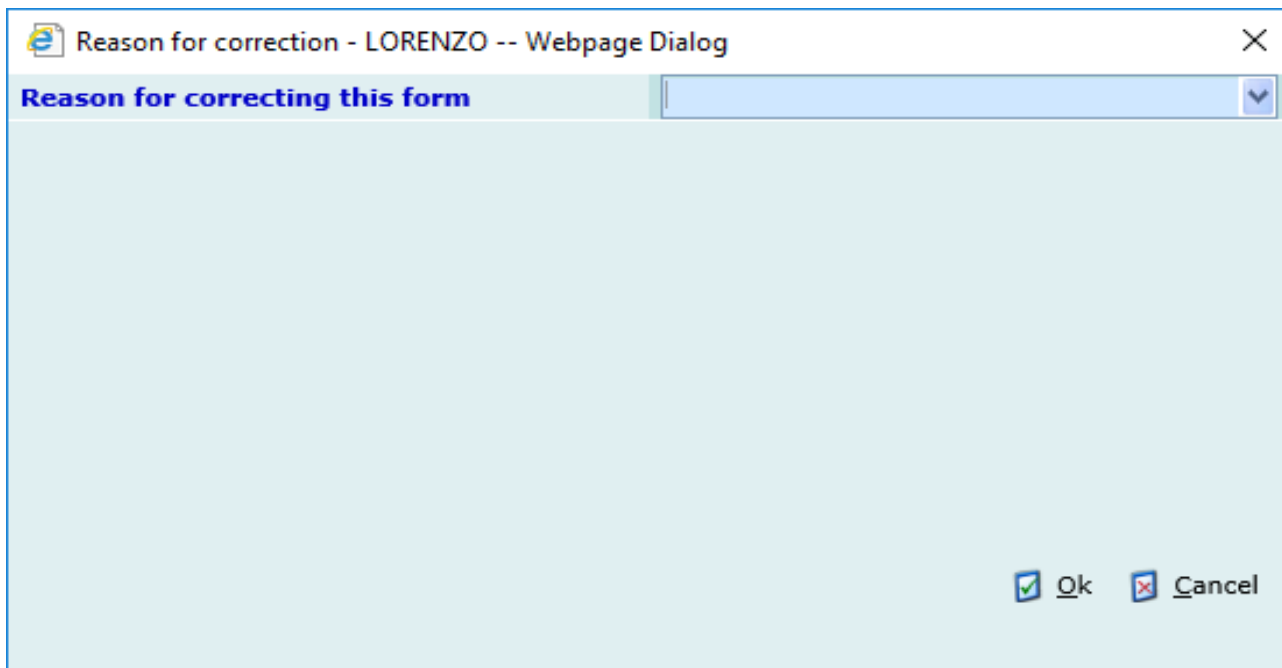
Information is only available from your own organisation until Legitimate Relationship controls are operating.

List view | Chart view

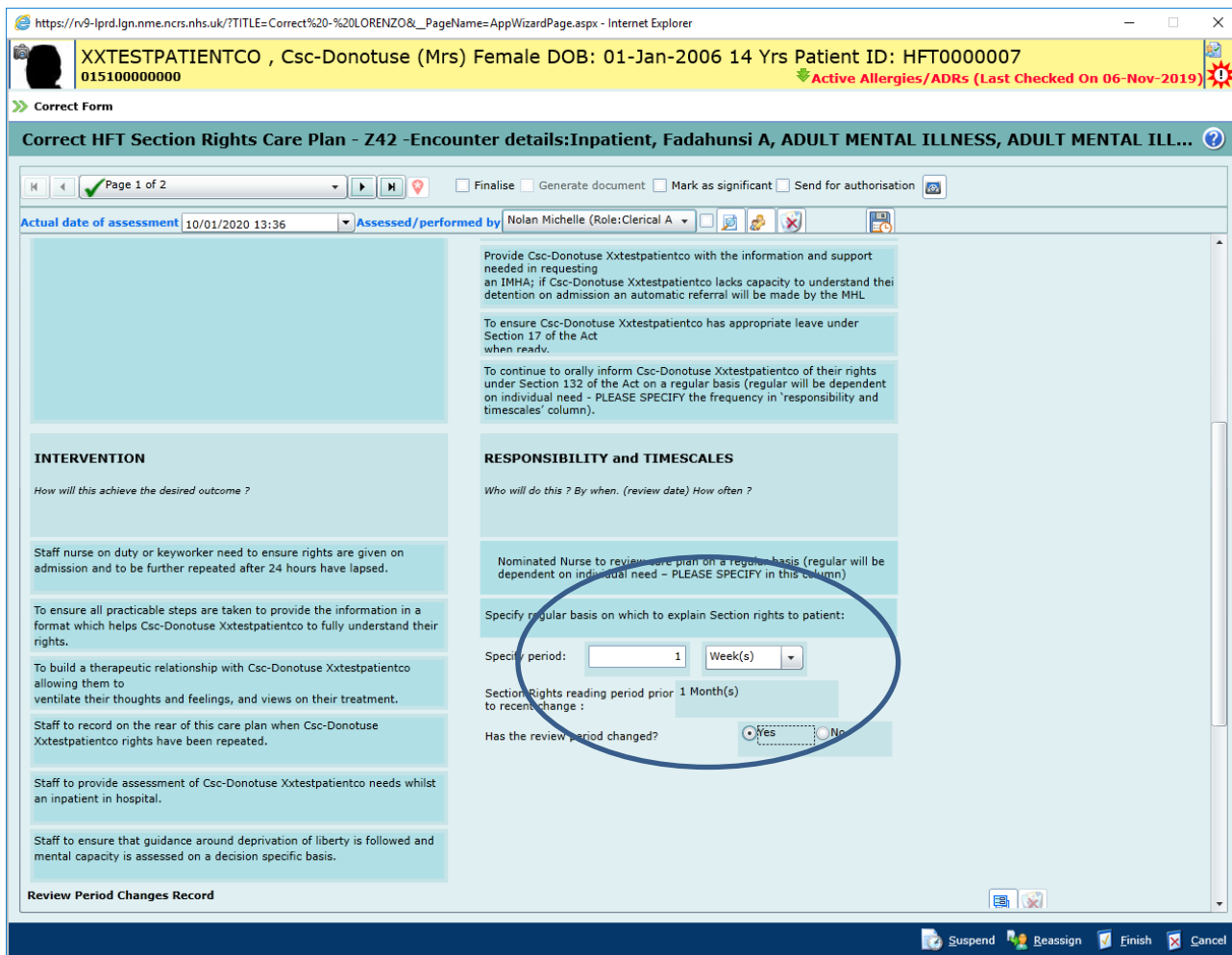
CAMHS/LD Clinical Chart (Filter by: Period: Last month)

Intervention	Crisis Response	Discharge/Transition	Physical Monitoring	Multi Disciplinary/Multi Agency	Letters	Mental Health Act and Legal	Safeguarding	Medical
HFT Section Rights Care Plan - Z42 Nolan Michelle Actual date of assessment: 10/01/2020 1...								
HFT Section Rights Care Plan - Z42 Paul Amanda Actual date of assessment: 09/01/2020 10...								
HFT Section Rights Care Plan - Z42 Olszewski Karen Actual date of assessment: 09/01/2020...								
HFT Section Rights Care Plan - Z42 Holman Gail Actual date of assessment: 07/01/2020 11:...								
HFT Section Rights Care Plan - Z42 Johns Sara Actual date of assessment: 07/01/2020 11:5...								
HFT Section Rights Care Plan - Z42 Lumb Donna Actual date of assessment: 07/01/2020 11:...								
HFT Section Rights Care Plan - Z42 Websdale Simon Actual date of assessment: 07/01/2020...								
HFT Section Rights Care Plan - Z42 Bellerby Gemma Actual date of assessment: 07/01/2020...								
HFT Section Rights Care Plan - Z42 Turner Melissa Actual date of assessment: 07/01/2020 1...								
HFT Section Rights Care Plan - Z42 Wicks Sophie Actual date of assessment: 07/01/2020 11...								
HFT Section Rights Care Plan - Z42 Orchard-Reid Lewis Actual date of assessment: 07/01/2...								
HFT Section Rights Care Plan - Z42 Davies Sarah Actual date of assessment: 07/01/2020 11...								
HFT Section Rights Care Plan - Z42 Johns Sara Actual date of assessment: 18/12/2019 14:3...								

The dialog box below will appear – choose from drop down box ‘additional data to be added’ and click ‘OK’.



Change the required frequency and answer ‘yes’ to “Has the review period changed?”



'Review Period Changes Record' will appear

https://n9-lprd.lgn.nme.ncrs.nhs.uk/?TITLE=Correct%20-%20LORENZO&\_PageName=AppWizardPage.aspx - Internet Explorer

XXTESTPATIENTCO , Csc-Donotuse (Mrs) Female DOB: 01-Jan-2006 14 Yrs Patient ID: HFT0000007  
01510000000 Active Allergies/ADRs (Last Checked On 06-Nov-2019)

Correct Form

Correct HFT Section Rights Care Plan - Z42 -Encounter details:Inpatient, Fadahunsi A, ADULT MENTAL ILLNESS, ADULT MENTAL ILL...

Page 1 of 2

Actual date of assessment 10/01/2020 13:36 Assessed/performed by Nolan Michelle (Role:Clerical A)

Specify regular basis on which to explain Section rights to patient:  
Specify period: 1 Week(s)

Section Rights reading period to recent change :  
Has the review period changed

**Review Period Changes Record**

Observed Date/ Time	Previous Review Period prior to change E.g. 2 Weeks :	User who changed Review Period	Reason Period Changed
10/01/2020 13:36:59			

Patient Signed Off ?  Yes  No  
Practitioner Signed Off ?  Yes  No

Reason why Patient not  
Practitioner name and

Complete the Review Period Changes Record boxes

Continue adding rights until patient is discharged then finalise document.

## APPENDIX 2: EQUALITY IMPACT ASSESSMENT

### Screening pro forma for strategies, policies, procedures, processes, tenders, and services

1. Document or Process or Service Name: S132/132A 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

<p><b>Main Aims of the Document, Process or Service</b></p> <p>The Act requires 'hospital managers' to take steps to ensure that patients who are detained in hospital under the Act, or who are subject to a Community Treatment Order (CTO), understand important information about how the Act applies to them. This duty is delegated down to staff working with patients. This must be done as soon as practicable after the start of the patient's detention or the CTO. This information must be given to the patients subject to a CTO ('community patient') and at any such time that the patient in the community on a CTO is being recalled to hospital.</p>
<p>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>

<p>Equality Target Group</p> <ol style="list-style-type: none"> <li>1. Age</li> <li>2. Disability</li> <li>3. Sex</li> <li>4. Race</li> <li>5. Religion or belief</li> <li>6. Sexual Orientation</li> <li>7. Gender</li> </ol> <p>Re-assignment</p>	<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  <b>Low = Little or No evidence or concern (Green)</b>  <b>Medium = some evidence or concern (Amber)</b>  <b>High = significant evidence or concern (Red)</b></p>	<p>How have you arrived at the equality impact score?</p> <ol style="list-style-type: none"> <li>a) who have you consulted with</li> <li>b) what have they said</li> <li>c) what information or data have you used</li> <li>d) where are the gaps in your analysis</li> <li>e) how will your document/process or service promote equality and diversity good practice</li> </ol>
---	--	--

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
<b>Age</b>	Including specific ages and age groups: Older people, Young people, Children, Early	Low	This SOP is consistent in its approach regardless of age. Staff must carry out mandatory Equality, Diversity and Human Rights training via e-learning. Staff must ensure rights are given in an age-appropriate format.
<b>Disability</b>	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:  Sensory, Physical, Learning, Mental	Low	This SOP is consistent in its approach regardless of disability.  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.  Staff must carry out mandatory Equality, Diversity and Human Rights training via e-learning. Staff must ensure rights are given in an appropriate format that enables maximum understanding for that person.
<b>Sex</b>	Men/Male, Women/Female	Low	This SOP is consistent in its approach regardless of sex.  Staff must carry out mandatory Equality, Diversity and Human Rights training via e-learning.
<b>Race</b>	Colour, Nationality, Ethnic/national origins	Low	This SOP 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.  Staff must carry out mandatory Equality, Diversity and Human Rights training via e-learning.

<b>Religion or Belief</b>	All Religions Including lack of religion or belief and where belief includes any religious or philosophical belief	Low	This SOP is consistent in its approach regardless of religion or belief.  Staff must carry out mandatory Equality, Diversity and Human Rights training via e-learning.
<b>Sexual Orientation</b>	Lesbian Gay Men Bisexual	Low	This SOP is consistent in its approach regardless of sexual orientation.  Staff must carry out mandatory Equality, Diversity and Human Rights training via e-learning.
<b>Gender Re-assignment</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	Low	This SOP 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

Is a FULL Equality Impact Assessment required?	Yes	No
Please describe the main points arising from your screening that supports your decision above:		
<p>The SOP 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. The procedures relate equally to all persons regardless of protected characteristics.</p> <p>The Act requires hospital managers to take steps to ensure that patients who are detained or are subject to a Community Treatment Order understand important information about how the Act applies to them. Effective communication is essential in ensuring appropriate care and respect for patients' rights. Staff responsible for caring for patients should identify any communication difficulties (language barriers, learning disability, difficulty in reading or writing, visual or hearing impairment, and cultural barriers) and seek to address them.</p>		
EIA Reviewers: Michelle Nolan, Mental Health Act Clinical Manager		
Date completed: 12 April 2023	Signature: M Nolan	