Leicestershire Partnership NHS
NHS Trust

Mental Health Act
SECTION 17
Procedural Document

Statement/Key Objectives:
This document covers the procedural requirements of Section 17 of the Mental Health Act 1983 to be followed by staff. It is not intended to be an alternative to following the specific wording of the MHA but is intended as a user-friendly guide. Where there is any conflict between this document and the legislation, the legislation will prevail.

Key Words:	Mental Health Act, Section 17, Absence of leave, Code of Practice	
Version:	Version 2.1.3	
Approved by:	MHA Governance Delivery Group (MHAGDG)	
Ratified by:	Policy Group	
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Type of Procedural document (tick appropriate box)	Clinical √	Non Clinical

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1.0 Quick Look Summary

This procedure will remain subject to version control, assurance and monitoring details as stated in the over-arching policy.

The Mental Health Act 1983 remains primary legislation, the Code of Practice (revised in 2015) provides for the good practice by which the Act is implemented.

The Guiding Principles, set out at the front of the Code, provide for it's statutory status, the following therefore provides for both primary legislation and good practice, and the local procedures that are written in accordance with them.

The Mental Health Act 1983 states the following:

17(1) The responsible clinician may grant to any patient who is for the time being liable to be detained in a hospital under this Part of this Act leave to be absent from the hospital subject to such conditions (if any) as that clinician considers necessary in the interests of the patient or for the protection of other persons.

(2) Leave of absence may be granted to a patient under this section either indefinitely or on specified occasions or for any specified period; and where leave is so granted for a specified period, that period may be extended by further leave granted in the absence of the patient.

[(2A) But longer-term leave may not be granted to a patient unless the responsible clinician first considers whether the patient should be dealt with under section 17A instead.

(2B) For these purposes, longer-term leave is granted to a patient if—
leave of absence is granted to him under this section either indefinitely or for a specified period of more than seven consecutive days; or a specified period is extended under this section such that the total period for which leave of absence will have been granted to him under this section exceeds seven consecutive days.

1.1 Version Control

Version number	Date	Comments (description change and amendments)
Version 1	26 October 2016	Approved at the Mental Health Act Assurance Committee
Version 2	December 2016	Publication version
Version 2.1	July 2018	Following review
Version 2.1.1	February 2021	Following implementation of single patient record (SystmOne)
Version 2.1.2	May 2023	Review date due and changes to SystmOne
Version 2.1.3	Sept 2023	Update following comments received

1.2 Key individuals involved in developing and consulting on the document:

- Dr Saquib Muhammad – Acting Medical Director/Chair MHAGDG
- Alison Wheelton – Senior Mental Health Act Administrator
- Members of the MHAGDG with responsibility for service distribution
- Trust Policy experts

1.3 Governance

Level 2 or 3 approving delivery Group - Mental Health Act GDG
Level 1 Committee to Ratify Procedure - CEG

1.4 Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population, and workforce, ensuring that none are placed at a disadvantage over others.

It takes into account the provisions of the Equality Act 2010 and promotes equal opportunities for all.

This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

1.5 Due Regard

LPT will ensure the Due Regard for equality is taken and as such will undertake an analysis of equality (assessment of impact) on existing and new polices/procedures in line with the Equality Act 2010. This process will help to ensure that:

- Strategies, policies and procedures and services are free from discrimination

- LPT complies with current equality legislation
- Due regard is given to equality in decision making and subsequent processes
- Opportunities for promoting equality are identified

Please refer to due regard assessment in the appendices to this document.

1.6 Definitions that apply to this procedure

The Act	The Mental Health Act 1983 (as amended, including by the Mental Health Act 2007, the Health and Social Care Act 2012 and the Care Act 2014).
Detained patient	Unless otherwise stated, a patient who is detained in hospital under the Act, or who is liable to be detained in hospital but who is(for any reason) currently out of hospital.
Detention (and detained)	Unless otherwise stated, being held compulsorily in hospital under the Act for a period of assessment or medical treatment. Sometimes referred to colloquially as 'sectioning'.
Leave of absence	Permission for a patient who is detained in hospital to be absent from the hospital for short periods e.g. To go to the shops or spend a weekend at home, or for much longer periods. Patients remain under the powers of the Act when they are on leave and can be recalled to hospital if necessary in the interest of the patient's health or safety or for the protection of other people.

2 Purpose and introduction

This procedural document is one of a series of documents that have been agreed across Leicestershire Partnership Trust. The series of documents sit behind the Trust's Over-arching MHA Policy and are reflective of the statement of intent set out within that Policy which in turn is reflective of the requirements of the Code of Practice 2015.

The aim of the procedural documents is to provide clear guidance to staff when undertaking their duties on behalf of the Trust as detailed in the Trust's Delegation document for use by those who have responsibility for the care and treatment of person(s) subject to the relative provision of the Mental Health Act to which this document applies.

3. Policy requirements

This procedure will remain subject to version control, assurance and monitoring details as stated in the over-arching policy.

The Mental Health Act 1983 remains primary legislation, the Code of Practice (revised in 2015) provides for the good practice by which the Act is implemented.

The Guiding Principles, set out at the front of the Code, provide for it's statutory status, the following therefore provides for both primary legislation and good practice, and the local procedures that are written in accordance with them.

4. Duties within the Organisation

The Trust Board has a legal responsibility for Trust policies and for ensuring that they are carried out effectively.

Trust Board Sub-committees have the responsibility for ratifying policies and protocols.

Directors and Heads of Service are responsible for:

- ensuring that comprehensive arrangements are in place regarding adherence to this policy and how this policy is applied within their own department.
- ensuring that team managers and other management staff are given clear instruction about the policy arrangements so that they in turn can instruct staff under their direction.

These arrangements will include:

- Distributing information about the policy in a timely manner throughout the Directorate/Department or Service to a distribution list which will be agreed in advance with local managers.
- Ensuring all staff has access to the up to date policy, either through the intranet, or if policy manuals are maintained that the resources are in place to ensure these are updated as required.
- Maintaining a system for recording that the policy has been distributed and received by staff within the department/service and for having these records available for inspection upon request for audit purposes.

Senior Managers, Matrons and Team leaders are responsible for:

- Providing this information to all new (applicable) staff on induction. It is the responsibility of local managers and team leaders to have in place a local induction that includes this policy.

- Ensure that their staff know how and where to access the current version of this policy; via intranet.

Consent

- Clinical staff must ensure that consent has been sought and obtained before any care, intervention or treatment is delivered. Consent can be given orally and/or in writing. Someone could also give non-verbal consent as long as they understand the treatment or care about to take place. Consent must be voluntary and informed and the person consenting must have the capacity to make the decision.

- In the event the patient's capacity to consent is in doubt, clinical staff must ensure that a mental capacity assessment is completed and recorded. Someone with an impairment or a disturbance in the functioning of the mind or brain is thought to lack the mental capacity to give informed consent if they cannot do one of the following:

    - Understand information about the decision
    - Remember that information
    - Use the information to make the decision
    - Communicate the decision

5. Monitoring compliance and effectiveness

Monitoring compliance will be recorded through the monthly MHA Census which is reported through the Service Reports to the MHAGDG.

6. Section 17 Leave of Absence – Procedure

The Mental Health Act 1983 states the following:

17(1) The responsible clinician may grant to any patient who is for the time being liable to be detained in a hospital under this Part of this Act leave to be absent from the hospital subject to such conditions (if any) as that clinician considers necessary in the interests of the patient or for the protection of other persons.

(2) Leave of absence may be granted to a patient under this section either indefinitely or on specified occasions or for any specified period; and where leave is so granted for a specified period, that period may be extended by further leave granted in the absence of the patient.

[(2A) But longer-term leave may not be granted to a patient unless the responsible clinician first considers whether the patient should be dealt with under section 17A instead.

(2B) For these purposes, longer-term leave is granted to a patient if—
(a) leave of absence is granted to him under this section either indefinitely or for a specified period of more than seven consecutive days; or
(b) a specified period is extended under this section such that the total period for which leave of absence will have been granted to him under this section exceeds seven consecutive days.

(3) Where it appears to the responsible clinician that it is necessary so to do in the interests of the patient or for the protection of other persons, he may, upon granting leave of absence under this section, direct that the patient remain in custody during his absence; and where leave of absence is so granted the patient may be kept in the custody of any officer on the staff of the hospital, or of any other person authorised in writing by the managers of the hospital or, if the patient is required in accordance with conditions imposed on the grant of leave of absence to reside in another hospital, of any officer on the staff of that other hospital.

(4) In any case where a patient is absent from a hospital in pursuance of leave of absence granted under this section, and it appears to the responsible clinician that it is necessary so to do in the interests of the patient's health or safety or for the protection of other persons, that clinician may, subject to subsection (5) below, by notice in writing given to the patient or to the person for the time being in charge of the patient, revoke the leave of absence and recall the patient to the hospital.

(5) A patient to whom leave of absence is granted under this section shall not be recalled under subsection (4) above after he has ceased to be liable to be detained under this Part of this Act;

(6) Subsection (7) below applies to a person who is granted leave by or by virtue of a provision—
(a) in force in Scotland, Northern Ireland, any of the Channel Islands or the Isle of Man; and(b) corresponding to subsection (1) above.

(7) For the purpose of giving effect to a direction or condition imposed by virtue of a provision corresponding to subsection (3) above, the person may be conveyed to a place in, or kept in custody or detained at a place of safety in, England and Wales by a person authorised in that behalf by the direction or condition.

Section 17 Leave - Code of Practice (2015)

Leave of absence – Chapter 27

27.1 Patients detained in hospital have the right to leave hospital lawfully only if they have leave of absence from their responsible clinician under section 17 of the Act.

27.2 This chapter gives guidance on who has the power to grant leave of absence, short- and long-term leave, escorted leave, leave to reside in other hospitals, and recall from leave. It also draws attention to differences when considering leave of absence, including short-term leave for restricted patients.

27.3 In general, while patients are detained in a hospital they can leave lawfully – even for a very short period – only if they are given leave of absence by their responsible clinician under section 17 of the Act.

27.4 Responsible clinicians cannot grant leave of absence from hospital to patients who have been remanded to hospital under sections 35 or 36 of the Act or who are subject to interim hospital orders under section 38.

27.5 Except for certain restricted patients no formal procedure is required to allow patients to move within a hospital or its grounds. Such 'ground leave' within a hospital may be encouraged or, where necessary, restricted, as part of each patient's care plan.

27.6 Any proposal to grant leave to a restricted patient has to be approved by the Secretary of State for Justice, who should be given as much notice as possible and full details of the proposed leave.

27.7 What constitutes a particular hospital for the purpose of leave is a matter of fact which can be determined only in the light of the particular case. Where one building, or set of buildings, includes accommodation under the management of different bodies (eg two different NHS trusts), the accommodation used by each body should be treated as forming separate hospitals. Facilities and grounds shared by both can be regarded as part of both hospitals.

27.8 Only the patient's responsible clinician can grant leave of absence to a patient detained under the Act. Responsible clinicians cannot delegate the decision to grant leave of absence to anyone else. In the absence of the usual responsible clinician (eg if they are on leave), permission can be granted only by the approved clinician who is for the time being acting as the patient's responsible clinician.

27.9 Responsible clinicians may grant leave for specific occasions or for specific or indefinite periods of time. They may make leave subject to any conditions which they consider necessary in the interests of the patient or for the protection of other people.

27.10 Leave of absence can be an important part of a detained patient's care plan, but can also be a time of risk. When considering and planning leave of absence, responsible clinicians should:

• consider the benefits and any risks to the patient's health and safety of granting or refusing leave
• consider the benefits of granting leave for facilitating the patient's recovery
• balance these benefits against any risks that the leave may pose for the protection of other people (either generally or particular people)
• consider any conditions which should be attached to the leave, eg requiring the patient not to visit particular places or persons
• be aware of any child protection and child welfare issues in granting leave
• take account of the patient's wishes, and those of carers, friends and others who may be involved in any planned leave of absence
• consider what support the patient would require during their leave of absence and whether it can be provided
• ensure that any community services which will need to provide support for the patient during the leave are involved in the planning of the leave, and that they know the leave dates and times and any conditions placed on the patient during their leave
• ensure that the patient is aware of any contingency plans put in place for their support, including what they should do if they think they need to return to hospital early
• liaise with any relevant agencies, eg the sex offender management unit (SOMU)
• undertake a risk assessment and put in place any necessary safeguards, and
• in the case of part 3 patients – consider whether there are any issues relating to victims which impact on whether leave should be granted and the conditions to which it should be subject.

27.11 Leave should normally be of short duration and not normally more than seven days. When considering whether to grant leave of absence for more than seven consecutive days, or extending leave so that the total period is more than seven consecutive days, responsible clinicians should also consider whether the patient should go onto a community treatment order (CTO) instead and, if required, consult any local agencies concerned with public protection. This does not apply to restricted patients, nor, in practice, to patients detained for assessment under section 2 of the Act, as they are not eligible to be placed on a CTO.

27.12 The option of using a CTO does not mean that the responsible clinician cannot use longer-term leave if that is the more suitable option, but the responsible clinician will need to be able to show that both options have been duly considered. Decisions should be explained to the patient and fully documented, including why the patient is not considered suitable for a CTO, and also guardianship or discharge.

27.13 Leave for more than seven days may be used to assess a patient's suitability for discharge from detention.

27.14 Hospital managers cannot overrule a responsible clinician's decision to grant leave. The fact that a responsible clinician grants leave subject to certain conditions, eg residence at a hostel, does not oblige the hospital managers, or anyone else, to arrange or fund the particular placement or services the clinician has in mind. Responsible clinicians should not grant leave on such

a basis without first taking steps to establish that the necessary services or accommodation (or both) are available and will be funded.

27.15 Except where the agreement of the Secretary of State for Justice is required, responsible clinicians may decide to authorise short-term local leave, which may be managed by other staff. For example, patients may be given leave for a shopping trip of two hours every week to a specific destination, with the decision on which particular two hours to be left to the discretion of the responsible nursing staff.

27.16 The parameters within which this discretion may be exercised should be clearly set out by the responsible clinician, eg the particular places to be visited, any restrictions on the time of day the leave can take place, and any circumstances in which the leave should not go ahead.

27.17 Responsible clinicians should regularly review any short-term leave they authorise on this basis and amend it as necessary.

27.18 Longer-term leave should be planned properly and, where possible, well in advance. Patients should be fully involved in the decision and responsible clinicians should be satisfied that patients are likely to be able to manage outside the hospital. Subject to the normal considerations of patient confidentiality, carers and other relevant people should be consulted before leave is granted (especially where the patient is to reside with them). Relevant community services should be consulted.

27.19 If patients do not consent to carers or other people who would normally be involved in their care being consulted about their leave, responsible clinicians should reconsider whether or not it is safe and appropriate to grant leave.

27.20 As with short-term leave, responsible clinicians should specify any circumstances in which the leave should not go ahead – eg if the patient's health has considerably deteriorated since it was authorised.

27.21 This does not apply to restricted patients.

27.22 Hospital managers should establish a standardised system by which responsible clinicians can record the leave they authorise and specify the conditions attached to it. Copies of the authorisation should be given to the patient and to any carers, professionals and other people in the community who need to know. A copy should also be kept in the patient's notes. In case they fail to return from leave, an up-to-date description of the patient should be available in their notes. A photograph of the patient should also be included in their notes, if necessary with the patient's consent (or if the patient lacks capacity to decide whether to consent, a photograph is taken in accordance with the Mental Capacity Act (MCA)).

27.23 The outcome of leave – whether or not it went well, particular problems encountered, concerns raised or benefits achieved – should be recorded in patients' notes to inform future decision-making. Patients should be encouraged to contribute by giving their own views on their leave; some hospitals provide leave records specifically for this purpose.

27.24 Responsible clinicians' responsibilities for their patients remain the same while the patients are on leave.

27.25 A patient who is granted leave under section 17 remains liable to be detained, and the rules in part 4 of the Act about their medical treatment continue to apply. If it becomes necessary to administer treatment without the patient's consent, consideration should be given to whether it would be more appropriate to recall the patient to hospital, although recall is not a legal requirement.

27.26 The duty on local authorities and clinical commissioning groups (or, in certain circumstances, NHS Commissioning Board (NHS England)) to provide after-care under section 117 of the Act for certain patients who have been discharged from detention also applies to those patients while they are on leave of absence.

27.27 A responsible clinician may direct that their patient remains in custody while on leave of absence, either in the patient's own interests or for the protection of other people. Patients may be kept in the custody of any officer on the staff of the hospital or any person authorised in writing by the hospital managers. Such an arrangement is often useful, eg to enable patients to participate in escorted trips or to have compassionate home leave.

27.28 Escorted leave to Northern Ireland is permitted under the Act – patients may be held in lawful custody by a constable or a person authorised in writing by the managers of the hospital. In Scotland, the Isle of Man or any of the Channel Islands escorted leave can only be granted if the local legislation allows such patients to be kept in custody while in that jurisdiction. If this is contemplated for restricted patients seek advice from the Mental Health Casework Section of the Ministry of Justice.

27.29 While it may often be appropriate to authorise leave subject to the condition that a patient is accompanied by a friend or relative (eg on a pre-arranged day out from the hospital), responsible clinicians should specify that the patient is to be in the legal custody of a friend or relative only if it is appropriate for that person to be legally responsible for the patient, and if that person understands and accepts the consequent responsibility.

27.30 Responsible clinicians may require patients, as a condition of leave, to reside at another hospital in England and Wales, and they may then be kept in the custody of staff of that hospital. Before authorising leave on this basis, responsible clinicians should consider whether it would be more appropriate to transfer the patient to the other hospital instead.

27.31 Where a patient is granted leave of absence to another hospital, the responsible clinician at the first hospital should remain in overall charge of the patient's case. If it is thought that a clinician at the other hospital should become the responsible clinician, the patient should instead be transferred to that hospital. An approved clinician in charge of any particular aspect of the patient's treatment may be from either hospital.

27.32 A responsible clinician (or, in the case of restricted patients, the Secretary of State) may revoke their patient's leave at any time if they consider it necessary in the interests of the patient's health or safety or for the protection of other people. Responsible clinicians must be satisfied that

these criteria are met and should consider what effect being recalled may have on the patient. A refusal to take medication would not on its own be a reason for revocation, although it would almost always be a reason to consider revocation.

27.33 The responsible clinician must arrange for a notice in writing revoking the leave to be served on the patient or on the person who is for the time being in charge of the patient. Hospitals should always know the address of patients who are on leave of absence and of anyone with responsibility for them whilst on leave.

27.34 The reasons for recall should be fully explained to the patient and a record of the explanation included in the patient's notes.

27.35 A restricted patient's leave may be revoked either by the responsible clinician or by the Secretary of State for Justice. If a problem were to arise during a restricted patient's leave of absence the responsible clinician should immediately suspend the use of that leave and notify the Ministry of Justice who would then consider whether to revoke or rescind the leave or let the permission stand.

27.36 It is essential that carers (especially where the patient is residing with them while on leave) and professionals who support the patient while on leave should have easy access to the patient's responsible clinician if they feel consideration should be given to return of the patient before their leave is due to end.

27.37 It is possible to renew a patient's detention while they are on leave if the criteria in section 20 of the Act are met. Leave should not be used as an alternative to discharging the patient either completely or onto a CTO where that is appropriate. Chapter 31 gives further guidance on factors to consider when deciding between leave of absence and a CTO. This does not apply to restricted patients.

27.38 Patients who are not legally detained in hospital have the right to leave at any time. They cannot be required to ask permission to do so, but may be asked to inform staff when they wish to leave the ward.

27.39 Any proposal to grant leave to a restricted patient has to be approved by the Secretary of State for Justice.

27.40 Where the courts or the Secretary of State have decided that restricted patients are to be detained in a particular unit of a hospital, those patients will require the Secretary of State's permission to take leave of absence to go to any other part of that hospital as well as outside the hospital.

27.41 For routine medical appointments or treatment, the Secretary of State's permission will be required. It is accepted that there will be times of acute medical emergency such as heart attack, stroke or penetrative wounds or burns where the patient requires emergency treatment. There may also be acute situations which, while not life threatening still require urgent treatment, eg fracture. In these situations, the responsible clinician may use their discretion, having due regard to the emergency or urgency being presented and the management of any risks, to have the patient taken to hospital. The Secretary of State should be informed as soon as possible that

the patient has been taken to hospital, what risk management arrangements are in place, be kept informed of developments and notified when the patient has been returned to the secure hospital.

27.42 Further information and guidance on further types of short term section 17 leave, such as compassionate or holiday, can be found on the Ministry of Justice website.

Electronic Recording on SystmOne

Maintaining accurate records of section 17 leave in accordance with the legislative and Code of Practice requirements set out above is essential in ensuring the compliance and best practice.

The Trust database provides for the recording of section 17 leave electronically therefore Responsible Clinicians and nursing staff (with responsibility for patients subject to the Act) should ensure the provision of accurate and up to date recording in accordance with this document.

Specific Details (points of note):

Attached to this document is an appendix detailing the process for authorising and detailing section 17 leave, the following key points of note should be considered when completing the forms:

- There is one form that has three options, these are:

  'Leave – not including overnight leave' – this form should be used where the intention is for the patient to have leave measured in hours.
  'Leave – including overnight leave' – the patient is expected to have leave that includes a period of overnight leave
  'Leave – to an acute hospital' – where the leave is for medical purposes and the plan is for the patient to return

- The forms are each separated into two parts:
  - Part A – for completion by the patient's Responsible Clinician
  - Part B – for completion by the nurse
  - Part C – retracted and no longer in use

  - The forms provide for inclusion of 'Restrictions' under section 41 where required

  - The forms meet the requirements of the Code of Practice

  - The form should not be 'archived' until the period of leave has ended completely

  - More than one form can run concurrently

  - Every change/update to the form should be 'SAVED' – this will create an audit trail

  - The forms will provide the information necessary for completion of the MHA Census

Attached to this document at Appendix 1 is a guidance document providing detail on completion of the forms. It is the responsibility of Responsible Clinicians and qualified nursing staff to familiarise themselves with the content of that guidance.

7. References and Bibliography

New Mental Health Act code of practice - GOV.UK (www.gov.uk)
Mental Health Act 1983 (legislation.gov.uk)
Mental Health Act 1983: reference guide - GOV.UK (www.gov.uk)

8. Fraud, Bribery & Corruption Consideration

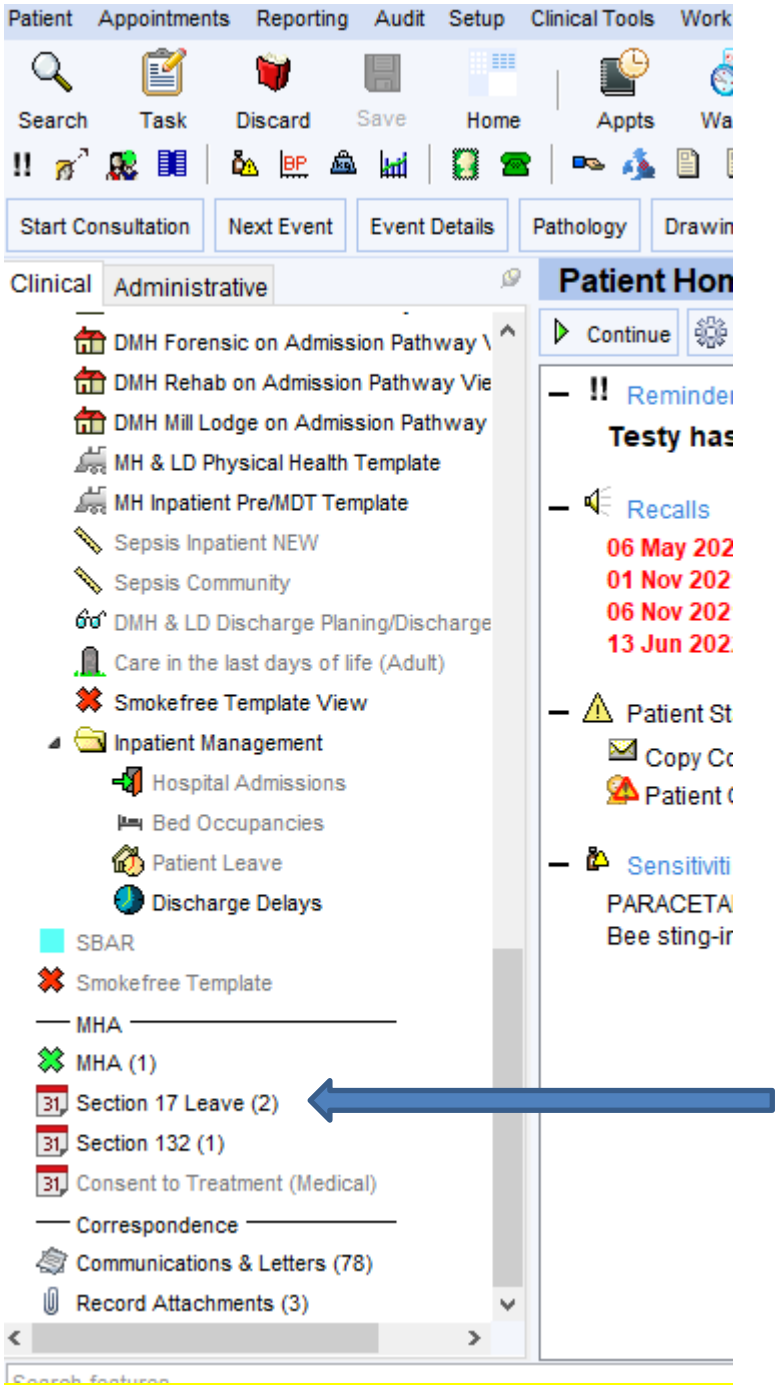
The Trust has a zero-tolerance approach to fraud, bribery and corruption in all areas of our work and it is important that this is reflected through all policies and procedures to mitigate these risks.

- Fraud relates to a dishonest representation, failure to disclose information or abuse of position in order to make a gain or cause a loss. Bribery involves the giving or receiving of gifts or money in return for improper performance. Corruption relates to dishonest or fraudulent conduct by those in power.
- Any procedure incurring costs or fees or involving the procurement or provision of goods or service, may be susceptible to fraud, bribery, or corruption so provision should be made within the policy to safeguard against these.
- If there is a potential that the policy being written, amended or updated controls a procedure for which there is a potential of fraud, bribery, or corruption to occur you should contact the Trusts Local Counter Fraud Specialist (LCFS) for assistance.

Appendix 1 – Recording Section 17 Leave on SystmOne

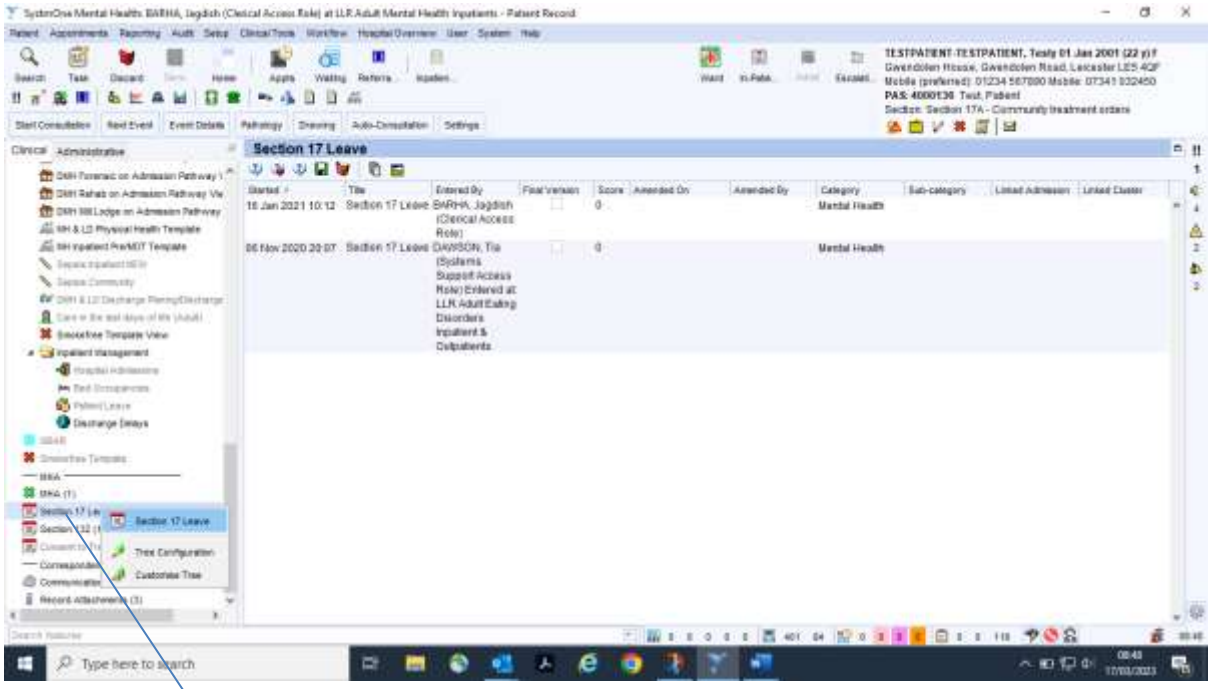
Record Section 17 Leave

The Section 17 leave form can now be located on the clinical tree under the MHA tab, as shown below –

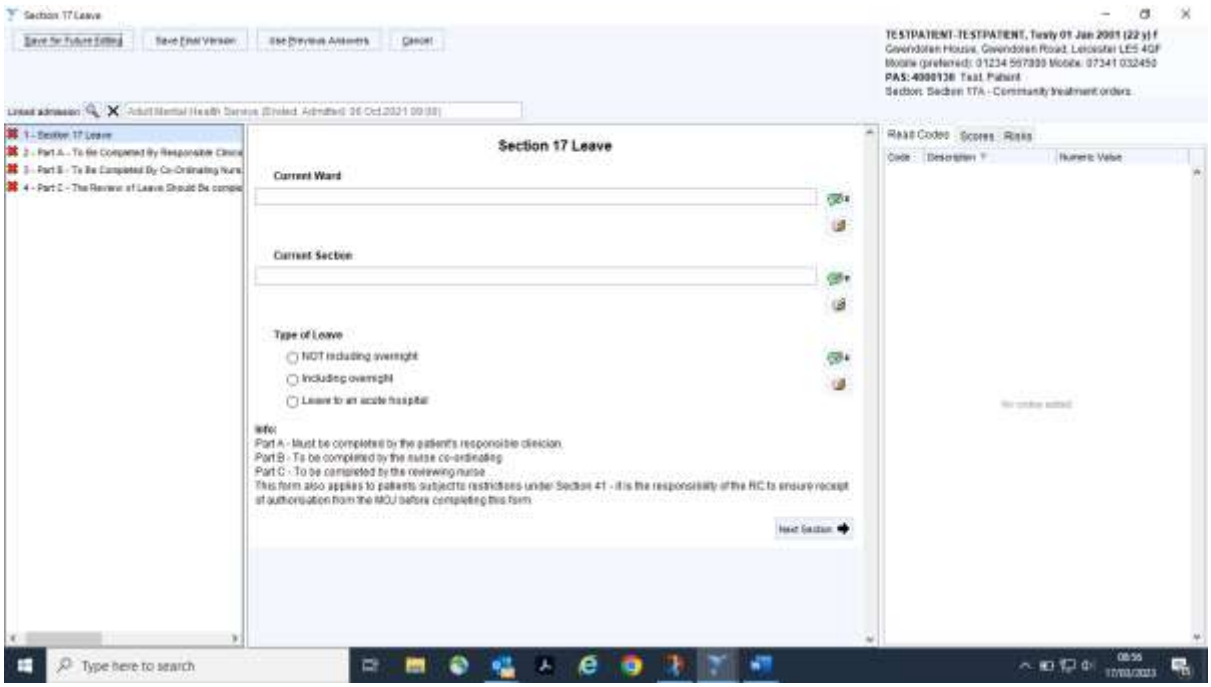


The number in brackets shows the number of forms that have been completed for the patient. This will not identify which forms are valid or which forms have been saved as a final version. It is important you check and review the forms that have already been completed.

To complete a new Seciton 17 leave form, follow the process below –

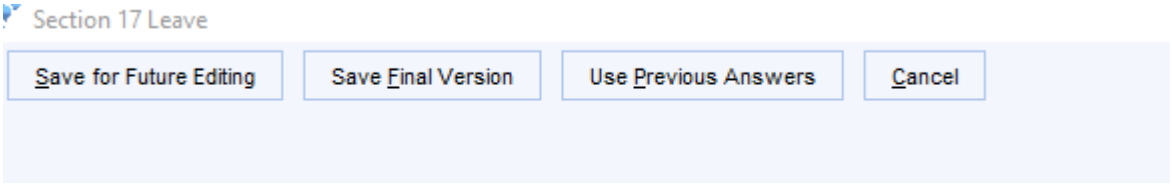


Right click on the Section 17 leave option, this will bring up the pop-up box as shown above. Select the S17 leave form. This will take you straight to the form, as shown below.



Select the appropriate form for your patient from the 'Type of Leave' options provided. Part A of the form must be completed in full and all fields have been pre-set to mandatory.

At the top of the form you will find the following options to choose from –



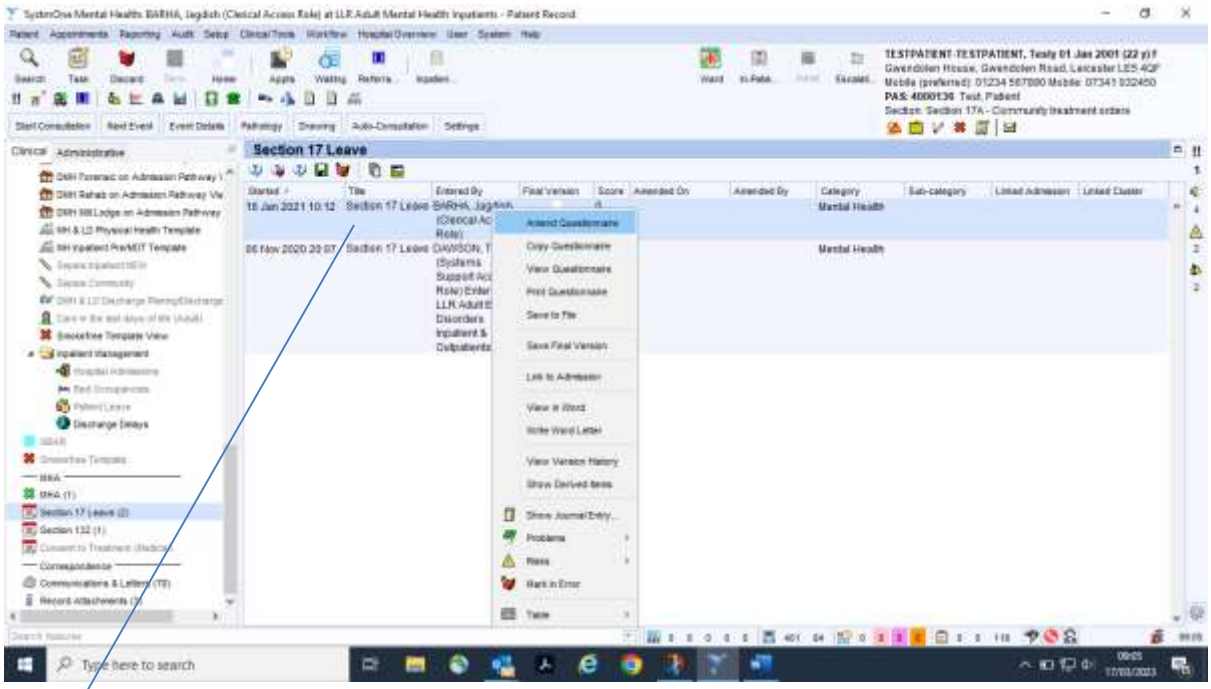
Once the form has been completed and the leave is still in date and valid select the option ‘Save for future editing’

If the leave period has expired, no longer appropriate or rescinded following review, save the form using the ‘Save final version’ option. The form will no longer be available to edit and no leave should be granted by nursing staff using any form that has been saved as a final version.

If a new form is completed, due to a change of Responsible Clinician for example you have the option to ‘Use previous answers’ option.

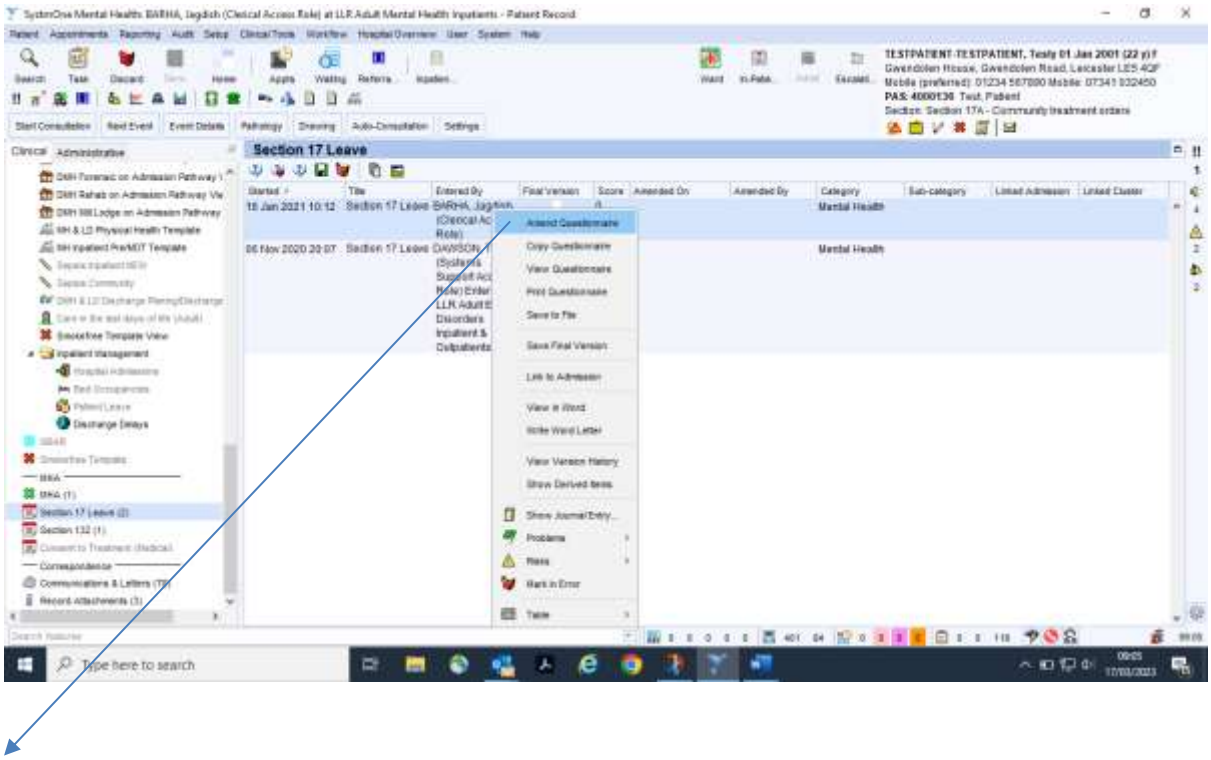
Once the form has been saved using one of the options above the form can be view as shown below-

To amend/view a completed S17 leave form, use the following guidance –



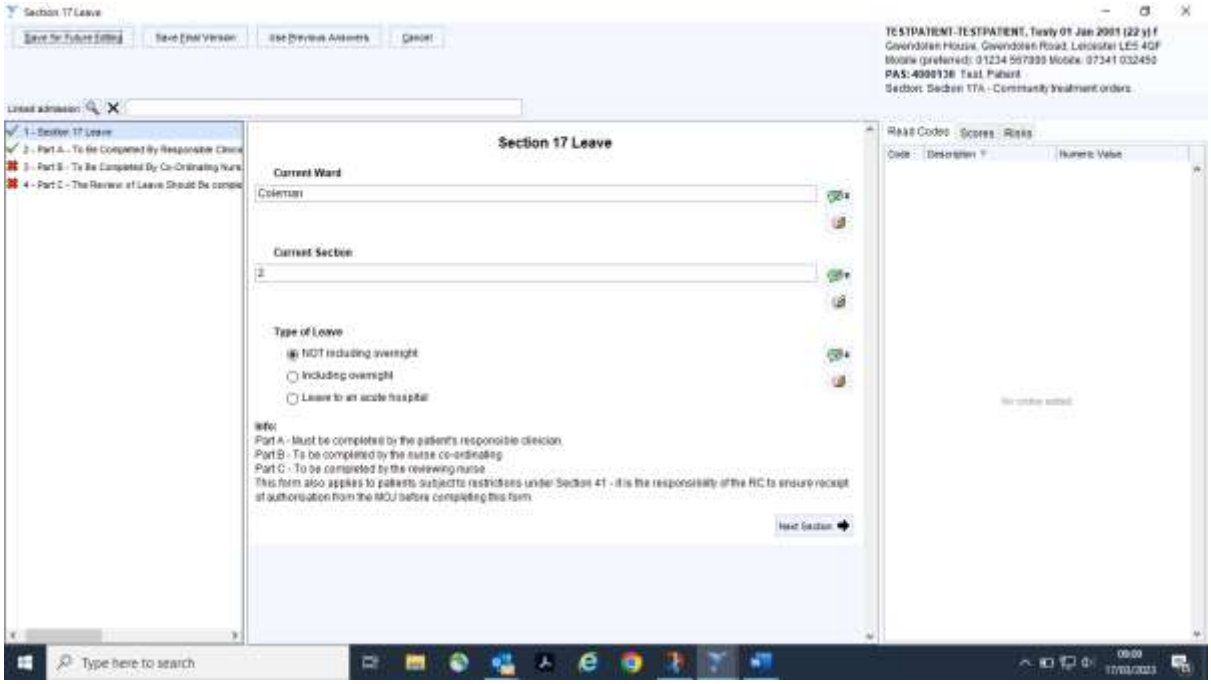
Right click on a completed form listed here. This will give you the options listed in the pop-up box, as shown above.

Below you will find the steps to amend a form and save it as a final version.

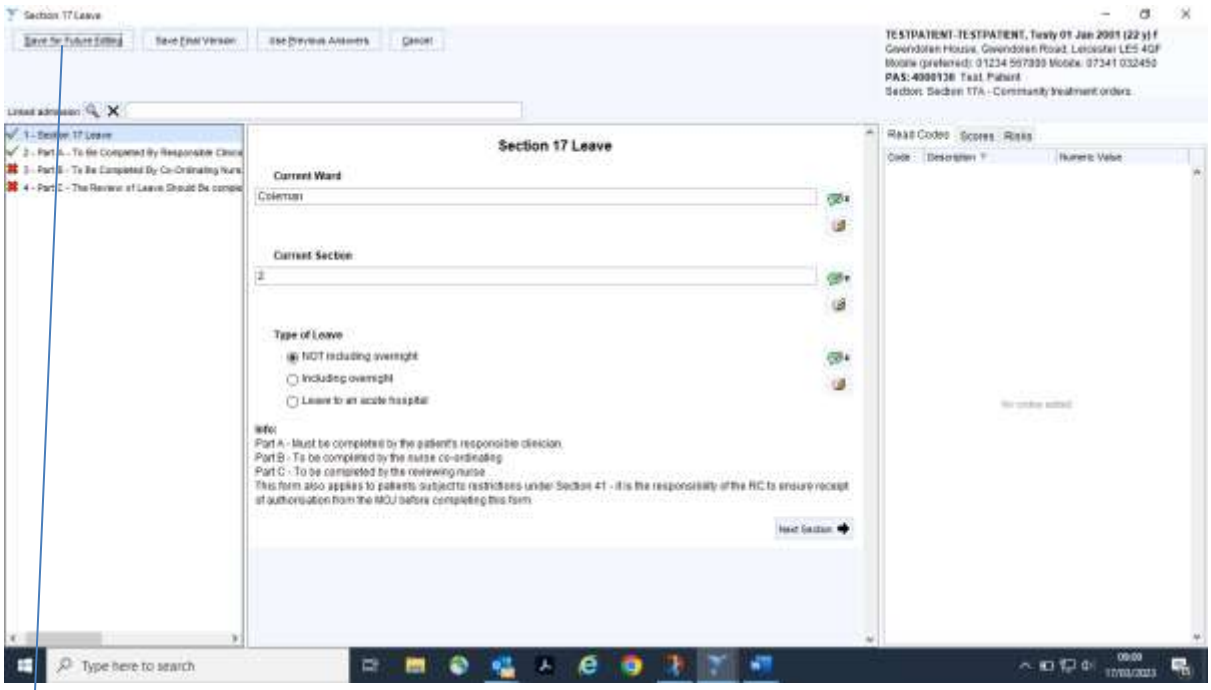


Select Amend Questionnaire option.

The form will then show as editable –



To save the form as a final version



Select the final version option at the top of the form.

You will then see the option given below-

Select Yes to save the form as a final version. The form will now show in the list below with a ✓ marked in the final version tab, as shown below.

Appendix 2 Training Requirements

Training Needs Analysis

Training topic:	Mental Health Act 1983
Type of training: (see study leave policy)	☐ Mandatory (must be on mandatory training register) X Role specific ☐ Personal development
Directorate to which the training is applicable:	X Adult Mental Health X Community Health Services ☐ Enabling Services X Families Young People Children / Learning Disability/ Autism Services ☐ Hosted Services
Staff groups who require the training:	*Band 5 nurses and above*
Regularity of Update requirement:	Three-yearly
Who is responsible for delivery of this training?	Senior MHA Administrator Deputy to the Senior MHA Administrator
Have resources been identified?	Yes
Has a training plan been agreed?	Yes
Where will completion of this training be recorded?	X ULearn ☐ Other (please specify)
How is this training going to be monitored?	Through reporting to the MHA GDG

Appendix 3 The NHS Constitution

- The NHS will provide a universal service for all based on clinical need, not ability to pay.
- The NHS will provide a comprehensive range of services.

Shape its services around the needs and preferences of individual patients, their families and their carers	Y
Respond to different needs of different sectors of the population	Y
Work continuously to improve quality services and to minimise errors	Y
Support and value its staff	*Y*
Work together with others to ensure a seamless service for patients	Y
Help keep people healthy and work to reduce health inequalities	Y
Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance	Y

Appendix 4 Due Regard Screening Template

Section 1	
Name of activity/proposal	MHA Section 17 Leave of Absence Procedure
Date Screening commenced	13/09/23
Directorate / Service carrying out the assessment	Enabling Directorate
Name and role of person undertaking this Due Regard (Equality Analysis)	Alison Wheelton Senior MHA Administrator
Give an overview of the aims, objectives and purpose of the proposal:	
AIMS: This procedure aims to provide staff with delegated responsibility under the Mental Health Act and in accordance with the Trust Delegation Document, with the knowledge to undertake those responsibilities.	
OBJECTIVES: To ensure staff have the necessary knowledge and tools to ensure the authorisation, implementation and recording and monitoring of section 17 leave is done so in accordance with legislative and good practice requirements.	

Section 2	
Protected Characteristic	If the proposal/s have a positive or negative impact please give brief details
Age	Positive impact as this procedure is supportive to staff who fall within the remit of the Equality Act 2010, ensuring consistency in approach for all staff irrespective of who they are.
Disability	As above
Gender reassignment	As above
Marriage & Civil Partnership	As above
Pregnancy & Maternity	As above
Race	As above
Religion and Belief	As above
Sex	As above
Sexual Orientation	As above
Other equality groups?	As above

Section 3	
Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please tick appropriate box below.	
	No
High risk: Complete a full EIA starting click here to proceed to Part B	Low risk: Go to Section 4.

Section 4			
If this proposal is low risk please give evidence or justification for how you reached this decision:			
This procedure outlines staff responsibilities and is in accordance with legislative and statutory requirements			
Signed by reviewer/assessor	*Alison Wheelton*	Date	13/09/23
Sign off that this proposal is low risk and does not require a full Equality Analysis			
Head of Service Signed	As above	Date	

Appendix 5 Data Privacy Impact Assessment Screening

Data Privacy impact assessment (DPIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet Individual's expectations of privacy.
The following screening questions will help the Trust determine if there are any privacy issues associated with the implementation of the Policy. Answering 'yes' to any of these questions is an indication that a DPIA may be a useful exercise. An explanation for the answers will assist with the determination as to whether a full DPIA is required which will require senior management support, at this stage the Head of Data Privacy must be involved.

Name of Document:	**(Mental Health Act) Section 17 Leave of Absence Procedure**	
Completed by:	**Alison Wheelton**	
Job title	**Senior MHA Administrator**	**Date 13/09/23**

Screening Questions	**Yes / No**	**Explanatory Note**
1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.	No	
2. Will the process described in the document compel individuals to provide information about them? This is information in excess of what is required to carry out the process described within the document.	No	
3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?	No	
4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?	**No**	
5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.	No	
6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?	No	
7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.	No	
8. Will the process require you to contact individuals in ways which they may find intrusive?	**No**	

If the answer to any of these questions is 'Yes' please contact the Data Privacy Team via Lpt-dataprivacy@leicspart.secure.nhs.uk
In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy.

Data Privacy approval name:	**N/A**
Date of approval	

Acknowledgement: This is based on the work of Princess Alexandra Hospital NHS Trust