

**DELEGATION OF STATUTORY FUNCTIONS
OF
THE LEICESTERSHIRE PARTNERSHIP NHS TRUST
IN
RELATION TO PATIENTS DETAINED UNDER
THE MENTAL HEALTH ACT 1983**

Statement/Key Objectives:

This document sets out the delegation of statutory functions of Leicestershire Partnership NHS Trust - 'The Trust' – in relation to patients detained under the provisions and in accordance with the Mental Health Act 1983 (amended 2007) and with reference to the associated Code of Practice 2015. The content should be considered in conjunction with the principles set down in the Trust's Over-arching MHA Policy Statement

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1. Quick Look Summary

This scheme of delegation is written in reference to the Mental Health Act (MHA) 1983 (as amended by the 2007 Act and the Code of Practice to the MHA as revised in 2015).

- **Sections** referred to are sections of the Mental Health Act 1983

In England, NHS hospitals are managed by NHS trusts and NHS foundation trusts. For these hospitals (including acute/non-mental health hospitals), the 'trusts' themselves are defined as the 'hospital managers' for the purposes of the Act.

The Code of Practice requires at Chapter 37 that arrangements for who is authorised to take which decisions should be set out in a scheme of delegation. The Trust is required to approve the scheme of delegation by a resolution of the body itself. Unless the Act or the regulations say otherwise, organisations may delegate their functions under the Act to any one and in any way that their constitution or, in the case of NHS providers or NHS commissioners, NHS legislation allows them to delegate their other functions.

1.1 Version Control

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

Version number	Date	Comments (description change and amendments)
1	October 2007	Revised following revision of Mental Health Act and associated Codes
2	September 2014	Revision following revision of Trust assurance of MH
3	April 2015	Revision following revision of Code of Practice and Refe
4	June 2016	Revision following review of Terms of Reference of the Trust MHAAC
5	April 2018	Revision following expiry of current policy
6	October 2019	No changes to revision
7	November 2021	Amendment to Chapter 2.2. with reference to 360 Audit Action Plan November 2021.
7.1	November 2023	Timely revision Changes to delegation of statutory functions under section 23 of the MHA

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

- Dr Saquib Muhammad – Chair MHAGDG
- Kate Dyer – Trust Secretary
- Alison Wheelton – Senior Mental Health Act Administrator

- Members of the MHAGDG with responsibility for service distribution

1.3 Governance

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

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. If you require this document in any other format please contact the Corporate Governance Team.

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 policies/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'.

2. Purpose and introduction

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

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 its statutory status, the following therefore provides for both primary legislation and good practice, and the local procedures that are written in accordance with them.

3. Scheme of Delegation

This scheme of delegation is written in reference to the Mental Health Act (MHA) 1983 (as amended by the 2007 Act and the Code of Practice to the MHA as revised in 2015).

- **Sections** referred to are sections of the Mental Health Act 1983

In England, NHS hospitals are managed by NHS trusts and NHS foundation trusts. For these hospitals (including acute/non-mental health hospitals), the 'trusts' themselves are defined as the 'hospital managers' for the purposes of the Act.

The Code of Practice requires at Chapter 37 that arrangements for who is authorised to take which decisions should be set out in a scheme of delegation. The Trust is required to approve the scheme of delegation by a resolution of the body itself. Unless the Act or the regulations say otherwise, organisations may delegate their functions under the Act to any one and in any way that their constitution or, in the case of NHS providers or NHS commissioners, NHS legislation allows them to delegate their other functions.

The 'Trust' retains responsibility for the performance of all hospital managers' functions exercised on their behalf under Chapter 37, and those delegated to Managers Panel Members under Chapter 38¹, and must ensure that the people acting on their behalf are competent to do so.

The 'Trust' has the authority to detain patients under the Act. They have the primary responsibility for seeing that the requirements of the Act are followed. They must ensure that patients are detained only as the Act allows, that their treatment and care accord fully with its provisions, and that they are fully informed of, and are supported in exercising, their statutory rights. This extends to patients subject to section 17a – Community Treatment Orders, even if those patients are not actually being treated at one of the hospitals.

Regulation 3 provides that any document, other than an application for admission, which is to be served on the Trust, may either be sent by post, by email (to designated email addresses) or delivered personally to the Trust or any person authorised by the Trust to receive such documents. These documents include: -

1. medical recommendations which constitute the authority for a patient's detention.

¹ 'Managers' Panel Members, Terms and Conditions of Appointment, Management and Release, Procedural Document' LPT 2015

2. a report under Section 5(2) authorising the detention of a patient not previously liable to be detained.
3. a report by the Responsible Clinician renewing the authority for detention under Section 20.
4. a notice of intention to make an order for discharge or an actual order for discharge given by the nearest relative under Section 23 or 25.
5. the written record of nurse's holding power under Section 5.
6. statutory forms required under section 17A for the purposes supervised community treatment.

An application for admission must be delivered by hand, or email to the designated email address, to an officer authorised to receive it.

The time limits imposed by the Act, mean that it is important the above documents are passed on expeditiously by the authorised staff who receive them on behalf of the Trust, to the officers who will be responsible for their scrutiny and custody these may be sent through the internal post system using the prescribed 'pink' envelopes designed for that purpose, or by email to the designated email address.

Documents that represent and confirm the legal authority to detain and treat the patient must be retained by the Trust through its records retention and destruction policy, commencing on the date on which the person to whom they relate ceases to be a hospital inpatient.

The "Responsible Clinician" is defined as Approved Clinician with overall responsibility for the case of the patient in question. The Responsible Clinician must be a Consultant approved under Section 12(2) of the Act and registered as an Approved Clinician. The Responsible Clinician has certain powers and duties under Part II and III of the Act, including in respect of hospital patients, the power to: -

- grant leave of absence.
- discharge.
- bar discharge by the nearest relative.
- renew authority for detention.
- apply the provisions of Supervised Community Treatment (section 17A)

All hospital patients should be under the care of a consultant who is in charge, in the sense that he or she is not responsible or answerable for the patient's treatment to any other doctor. It is this doctor who will normally exercise the functions of the "Responsible Clinician".

During periods of absence, when certain functions of the Act require swift action and the usual doctor is not available, the doctor who for the time being is in charge of the patient's treatment, (who will be another Consultant approved under Section 12(2) of the Act and registered as an Approved Clinician), should exercise the functions of the Responsible Clinician. The patient's usual doctor should normally undertake the

examinations and reports authorising renewal under Section 20, which can be made at any time during the preceding two-month period.

3.1. Responsibility

3.1.1 Reception of documents authorising the Trust to detain a patient

Overall responsibility for the proper receipt and scrutiny of documents is the responsibility of the Senior Mental Health Act Administrator.

The nurse in charge of the ward to which the patient is to be admitted to and detained on is authorised to receive the application and medical recommendations that constitute the authority for the Trust to detain the patient. This may be delegated to a grade 5 or above nurse who has successfully completed the Trust's mandatory MHA training in receipt and scrutiny.

As soon as possible after the admission, these documents must be delivered to the Mental Health Act Administrator or their deputy, who are deputised by the Trust to scrutinise them to ensure that errors or omissions do not invalidate the detention of the patient. It is important that the documents are delivered expeditiously.

3.1.2 Reception of reports under Section 5(2) authorising the detention of a patient not previously liable to be detained.

Under Section 5(2), the doctor in charge of the patient's treatment is empowered in accordance with the provisions set out therein, to furnish a written report to the Trust concerning any informal in-patient in hospital whom the doctor believes an application ought to be made for admission to hospital. In such cases the patient may be detained in hospital for a period of 72 hours from the time when the report is furnished.

"Under Section 5(3) the doctor in charge of the patient's treatment in a hospital may nominate one, (but not more than one), other registered medical practitioner on the staff of the hospital to act for him/her under subsection (2) in his/her absence". The medical officer, who is the nominated deputy at the time in question, is responsible for signing the report under Section 5(3), in absence of the doctor in charge of the patient's treatment. It is important that ward staff are informed of the nomination arrangements for each Consultant.

The nominated doctor is the junior doctor on call, named on the duty list. Where the duty list identifies two junior doctors on call, the rota will identify hierarchy required under this delegation. Where the nominated doctor is not a Consultant, he/she must wherever possible contact the doctor in charge of the patient's care, who would normally be registered as an Approved Clinician, or failing this, the duty consultant, in order to discuss the case before making a written report under Section 5(2). The nominated doctor should have easy access to the nominating doctor or the Consultant psychiatrist on call.

The nominated doctor should report the use of Section 5(2) to the consultant in charge of the patient's care as soon as possible. The nominated doctor must not nominate another.

The Trust has decided to delegate the authority to receive these reports to the classes of officers mentioned above. Reports under this section must be passed as expeditiously as possible to the Mental Health Act Administrator or their deputy and kept in safe custody.

3.1.3 Reports renewing authority for detention (Section 20)

The initial authority for the detention of a patient under Section 3 lasts for six months, as does the first renewal. Subsequent renewals are for one year. The Responsible Clinician must review the need for continued detention periodically. Section 20(3) requires the Responsible Clinician to examine a patient admitted for treatment during the two months preceding the day on which the authority for his detention is due to expire. If it appears to him/her that the patient should continue to be detained, and is satisfied that the conditions set out in Section 20(4) are satisfied, he/she must consult with and obtain the written agreement of another professional, and in the case of section 20A, SCT, the agreement must be from an Approved Mental Health Professional, and then report that to the Trust.

Mental Health Act Administrators and their deputies will need to ensure that the provisions of the Act are complied with in respect of the review of patients under Section 20.

The reports, on being furnished to the Trust, renew the authority for a patient's detention and are to be submitted by the Responsible Clinician to the Mental Health Act Administrator or their deputy who are authorised to receive them on behalf of the Trust.

3.1.4 An Order for the discharge of a patient or a notice of intention to make such an order given by the nearest relative (Section 23)

This authority is delegated to the nurse in charge of the ward or Band 4 and above administrative staff working within the MHA Office whichever is received first.

Relatives are required to give 72 hours' notice in writing of their intention to exercise their powers of discharge (of certain categories of detained patients). The receiving officer must ensure that the notice is produced immediately to the Responsible Clinician so that he/she may consider issuing a report barring discharge within 72 hours of the document being received by the person authorised.

The Responsible Clinician must, if he/she issues a report barring discharge under Section 25, deliver this report to the Mental Health Act Administrator or their deputy within the 72-hour time limit.

Given the time constraints under section 23 it is imperative that where an application is received other than by the MHA Office initially, that the 72-hour period is observed and that the patient's Responsible Clinician is informed immediately by the receiving officer, i.e.: the nurse in charge, in order to allow adequate time for an assessment to be undertaken and the appropriate form be completed (where considered appropriate) and submitted to the MHA Office within the time limits for it to be actioned in accordance with legislative requirements.

Failure to comply with the 72-hour time constraints will result in the patient's automatic discharge from detention under the Act at the end of that period.

3.1.5 Transfer of Patients (Section 19)

The Leicestershire Partnership NHS Trust has delegated the authority given under Regulation 7 to the patient's Responsible clinician, or in his absence to the nurse who is at the time in charge of the ward.

3.1.6 Retaking of Patients (Section 18)

Under section 18 of the Act, any officer on the staff of the hospital is authorised to retake a patient who is liable to be detained and is absent without leave from hospital. A patient, who is liable to be detained may also, be returned to the hospital by any other person authorised in writing by the patient's Responsible Clinician or nominated deputy.

3.1.7 Amendment of application for admission and supporting medical recommendations (Section 15)

The Leicestershire Partnership NHS Trust has authorised Mental Health Act Administrators and their deputies, to consent on its behalf to the amendment of these documents. Current statutory versions of the forms must be used.

Authorised Mental Health Act Administrators and their deputies in agreement with a Responsible Clinician and in accordance with the Trust 'Three-tier Scrutiny Process', (Appendix 5) may reject a medical recommendation on the grounds that these are insufficient to warrant a patient's detention.

3.1.8 Nurses Holding Power (Section 5(4))

A nurse of the prescribed class may detain an informal inpatient for up to six hours if it appears to him/her that:

- i) The patient is suffering from mental disorder to such a degree that it is necessary for his health or safety, or for the protection of others, for him to be immediately restrained from leaving the hospital: and
- ii) It is not practicable to secure the immediate attendance of a medical practitioner for the purposes of furnishing a report.

The use of this holding power is the personal decision of the nurse, who cannot be instructed to exercise this power by anyone else.

The holding power starts after the nurse of the prescribed class has recorded his or her opinion on the form H2. At the earliest opportunity the nurse must contact the consultant in charge of the patient's care or, in their absence, the nominated deputy. The use of Section 5(4) is an emergency measure and may only be applied for up to six hours or until a doctor with the power to use Section 5(2) arrives, whichever is the earlier. If the doctor has not arrived within four hours, the duty consultant should be contacted and should attend. Where no doctor has attended within six hours, an oral report, (suitably recorded), should be made to the responsible senior manager.

The completed form H2 must be delivered by the nurse (or a person authorised by the nurse), to the Mental Health Act Administrator or their deputy as soon as possible after completion. It is also essential that; the reason for invoking the power are entered into the patient's nursing and medical notes; a incident report form is completed and submitted; and that the details of any patients who remain subject to the power at the time of a shift change are given to staff coming on duty.

3.1.9 Reference to Mental Health Review Tribunal (Section 68)

The Leicestershire Partnership NHS Trust has delegated authority to the Mental Health Act Administrators and their deputies, to carry out the functions of the Hospital

Managers under section 68, for the referral of patients under Part II and III of the Act to a Mental Health Review Tribunal, where such a hearing has not been requested by the patient or his/her nearest relative and where the case has not been referred to the Tribunal by the Secretary of State within the specified time limits.

Where a Tribunal hearing has been arranged, the Mental Health Act Administrators and their deputies are authorised by the Trust to inform health and local authorities and request the provision of reports.

3.1.10 Inspection and Opening of Postal Packets (Section 134)

Mental Health Act Administrators and their deputies, together with nurses qualified to exercise the six-hour holding power, are authorised by the Trust to carry out the functions under the provisions of Section 134 of the Act.

A postal packet addressed by any detained patient may be withheld from the Post Office if the person to whom it is addressed has asked that he/she should receive no correspondence from that patient. A request from a person that correspondence addressed to him/her by the patient should be withheld, must be in writing and must be given to the Mental Health Act Administrator or their deputy and the Responsible Clinician or the Secretary of state. Any decision to withhold post will be made following consultation with the Responsible Clinician.

3.1.11 The provision of Information (Section 132)

All medical staff, nurses qualified to exercise the six-hour holding power, and Mental Health Act Administrators and their deputies, are for the purposes of section 132 of the act, authorised by the Trust, to carry out the requirement of the Trust, to provide written and oral information to detained patients of their legal position and rights. It is also their delegated responsibility to ensure that records are kept of the information given, that in circumstances the information is given appropriately and that where possible, it is understood by the patient.

The duty to inform the patients nearest relative in writing is delegated to the Mental Health Act Administrators and their deputies.

The duty under Section 133 to inform the nearest relative, (if practicable), at least seven days before the patient's discharge, is delegated to the patient's Responsible Clinician.

3.1.12 Section 23 – Discharge

Leicestershire Partnership NHS Trust (LPT) delegates the power to discharge certain categories of detained patients under Section 23 of the Act to members of a committee, appointed by the Trust, but not employees of the Trust, who are trained specifically to undertake this role.

Chapter 38 of the Code outlines the responsibilities of the 'Managers' Panel' in their power of discharge.

The Mental Health Act identifies the Responsible Clinician with responsibility for clinical decision making in utilising their own power of discharge.

3.1.13 Section 23 – Management Responsibilities

The Code of Practice identifies two key roles on consideration of the power of discharge:

- The Non-Executive Directors of the Trust
- The member of a committee of sub-committee authorised for the purpose
 - Leicestershire Partnership Trust identifies the Medical Director will overall responsibility for the Panel Members.
 - The day-to-day management is delegated by the Medical Director of the Trust to the Senior Mental Health Act Administrator.

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

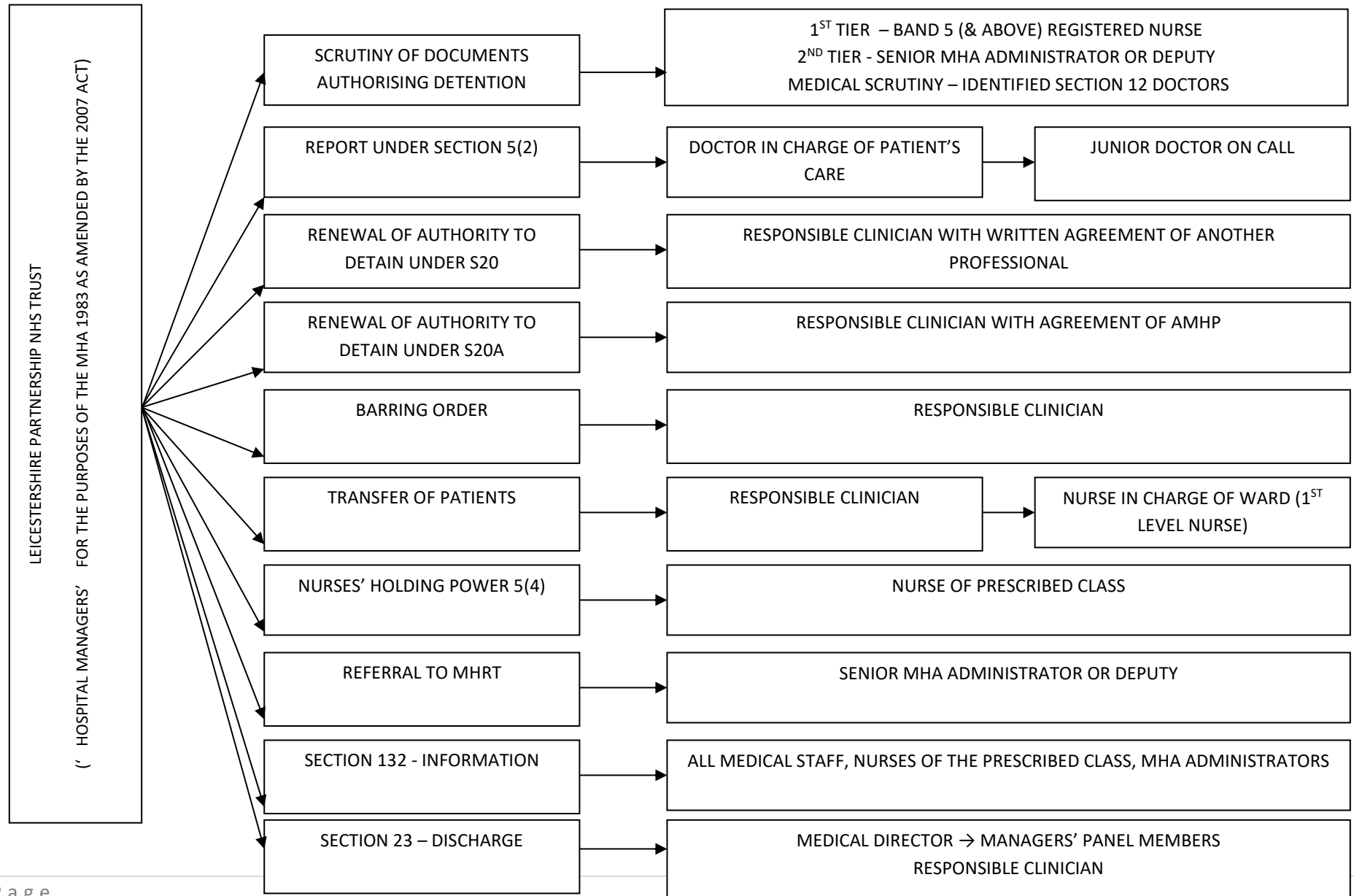
voluntary and informed and the person consenting must have the capacity to make the decision.

- 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.

Appendix 1 - Delegation of Authority – Identification of Responsibility Flowchart



Appendix 2 Training Requirements

Training Needs Analysis

Training topic:	Mental Health Act 1983
Type of training: (see study leave policy)	<input type="checkbox"/> Mandatory (must be on mandatory training register) <input checked="" type="checkbox"/> Role specific <input type="checkbox"/> Personal development
Directorate to which the training is applicable:	<input checked="" type="checkbox"/> Adult Mental Health <input checked="" type="checkbox"/> Community Health Services <input type="checkbox"/> Enabling Services <input checked="" type="checkbox"/> Families Young People Children / Learning Disability/ Autism Services <input type="checkbox"/> Hosted Services
Staff groups who require the training:	<i>Band 5 nurses and above</i>
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?	<input checked="" type="checkbox"/> ULearn <input type="checkbox"/> 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 LPT Scheme of Delegation		
Date Screening commenced	November 2023		
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 the Act 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	<i>Alison Wheelton</i>	Date	November 2023
<i>Sign off that this proposal is low risk and does not require a full Equality Analysis</i>			
Head of Service Signed	Deanne Rennie	Date	November 2023

Appendix 5 Data Privacy Impact Assessment Screening

<p>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.</p> <p>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.</p>		
Name of Document:	MHA LPT Scheme of Delegation	
Completed by:	Alison Wheelton	
Job title	Senior MHA Administrator	Date November 2023
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	
<p>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.</p>		
Data Privacy approval name:	N/A	
Date of approval		

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