

**PWYLLGOR DEDDFWRIAETH IECHYD MEDDWL
MENTAL HEALTH LEGISLATION COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 March 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	Document Approval Form for Policy 363 – Mental Health Act Hospital Managers Scheme of Delegation Policy
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Director of Operations
SWYDDOG ADRODD: REPORTING OFFICER:	Sarah Roberts, Mental Health Legislation Manager

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The Mental Health Legislation Committee is asked to approve *Policy 363 - Hospital Managers Scheme of Delegation Policy* which has undergone the three yearly review process.

This report provides the required assurance that Policy 190 – Written Control Documentation has been adhered to in the *review* of the above mentioned written control document and that therefore the document is in line with legislation/regulations, available evidence base and can be implemented within the Health Board.

Cefndir / Background

Is this a new or revised document?	<i>Revised Supersedes Policy 363 – Version 3 – 08.06.2021 Hospital Managers Scheme of Delegation</i>	
Brief summary of the document	<i>The policy is provided to clearly identify to whom the Health Board delegates responsibilities under the Mental Health Act in compliance with the Act and the MHA Code of Practice for Wales, 2016.</i>	
Scope of the document	The policy is applicable to all employees delegated to receive and scrutinise statutory forms required by the Mental Health Act, 1983 (MHA) on behalf of the Hywel Dda Health Board within all mental health inpatient settings, community settings and general hospital settings where patients are detained under the MHA.	
Reason(s) for developing/adopting/reviewing the document	Improve/standardise clinical/organisational procedures	
	Response to complaint, incident or claim	
	Response to alert, safety notifications, WHC	
	Re-organisation of service/department	
	New/amended legislation	
	AW document, national guidance to be adopted	
	Replacement/updating existing documents	✓

	Other – provide details	
Is the document about invasive procedures?	NO	
Is the document in support of avoiding a 'Never Event' as defined by WHC/2018/12?	NO	
Is the Nurse Staffing Levels (Wales) Act 2016 relevant to this document?	NO	
Owning group	Name owning group – Mental Health Written Control Documentation Group	
	Chair of owning group – Becky Temple-Purcell, Assistant Director of Nursing, MH & LD.	
	Date signed off by owning group 19.03.2024	
Lead author	Name Ruth Bourke Job title – MHA Administration Lead	

Assurance		
Equality Impact Assessment	<p>Appendix 1- EqIA is a screening. The Hospital Managers Scheme of Delegation Policy has been assessed as having a low relevance to the General Equality Duties</p> <p>It has been assessed as having a neutral impact in relation to protected characteristics YES delete as appropriate</p>	
Evidence base	<p>Does the reference section list all the sources of evidence which has informed the content of the document? YES Did the Lead Author on behalf of the Owning Group source the references themselves? YES</p>	
	<p>(Clinical WCDs only) <i>Has the NICE Co-ordinator reviewed the document and confirmed that relevant and up to date NICE and national guidance has informed the content of the document?</i> NO - No required for Mental Health Act policies (agreed 2023) – no changes to the detail of the policy.</p>	
	<p>(Clinical WCDs only) <i>If other national guidance rather than relevant NICE guidance has been used to inform the content of the document explain why</i></p>	
	<p><i>Is the document is fully compliant with the chosen evidence base?</i> YES</p>	
Compliance with legislation/regulation/alert	<p><i>List the relevant legislation/regulation/alert:</i> Mental Health Act 1983</p>	

	<p><i>Is the document in full compliance with the above legislation/regulation/alert ? YES</i> If no, identify the areas of non-compliance and the reason as to why</p>
<p>Targeted consultation of key stakeholders</p>	<p><i>List the staff groups/professional groups/clinical specialities/services that have been contacted as part of the targeted consultation:</i></p> <p>Mental Health Ward Managers Forum – 13.02.24 Mental Health Legislation Scrutiny Group – 08.02.24 Senior Nurse Managers – 04.03.24 West Wales Action Mental Health – positive response received from the Director of the organisation “<i>comprehensive policy covers everything needed</i>”. Community Team Managers (Mental Health) – 27.02.24 Mental Health Medical Staffing Committee 15.02.24</p> <p>All key stakeholders have confirmed that:</p> <ul style="list-style-type: none"> • they are in agreement with their relevant section of the content of the document • they are able to implement or comply with their relevant section of the content of the document • Wales Action Mental Health – positive response received from the Director of the organisation “<i>comprehensive policy covers everything needed</i>”. <p><i>List any feedback received from key stakeholders which has not been included in the document and the reason as to why not:</i> One further response was received on behalf of MH Liaison Service who requested inclusion of Section 136 within the glossary. Raised a number of issues relating to Section 136 processes. This has not been included as there are no “delegated duties on behalf of the Hospital Managers” under this Section. The Code of Practice does advise on a jointly agreed S136 and that any instances where they are taken to police custody are reviewed at a monitoring committee or equivalent. Both of these are enacted within Hywel Dda UHB.</p> <p>There has not been any feedback received from key stakeholders indicating concern regarding the implementation or compliance of the document.</p>
<p>Collaboration with others (interested parties)</p>	<p><i>List the interested parties (including other groups/sub-committees and committees):</i> All parties identified above</p>

Global consultation	The policy was circulated via global consultation for a period of 2 weeks from approximately 16.02.2024 and no further comments were received.
Patient Information	<i>Is patient information required? NO</i>
Dissemination	<i>How will the document be disseminated to those who will be required to use it or comply with it (Hywel Today is not a dissemination route)</i> Available on the Health Board sharepoint page and also a direct link on the Mental Health Act Information page via sharepoint
Implementation	Following Approval – Mental Health Legislation Committee 26.03.24
Monitoring	<i>How and by whom and by when will compliance with the document be monitored including how any identified issues of non-compliance will be addressed?</i> All matters relating to the use of the Mental Health Act are monitored via the Mental Health Legislation Scrutiny Group and assurance via the Mental Health Legislation Committee.
Proposed review date of the document	<i>Does the document require a review date prior to the maximum standard of three years? NO</i> <i>If no, identify the next review date and reason as to why the document requires a review within 3 years</i>

Argymhelliad / Recommendation

For Mental Health Legislation Committee to assure itself, prior to approval, that Hospital Managers Scheme of Delegation Policy (363) has been *reviewed* in line with Policy 190 and to:

- Recommend the document for uploading to the Policy Co-ordination Officer onto the intranet (for procedures and guidelines only)

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	To approve related policies and procedures
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Amcanion Strategol y BIP: UHB Strategic Objectives:	Choose an item. Choose an item. Choose an item. Choose an item.
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Choose an item. Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Legislation and national policy
Rhestr Termau: Glossary of Terms:	Contained within each written control document
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ceisiadau Gofal Sylfaenol: Parties / Committees consulted prior to XXXXX Committee:	As detailed in the assessment

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	e.g. financial impact or capital requirements: (if yes, please complete relevant section of the integrated impact assessment template available via the link below) http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906
Ansawdd / Gofal Claf: Quality / Patient Care:	Staff accessing written control documentation which is out of date, no longer relevant or contradicts current guidance may have a negative effect on the quality, safety and experience of care. It may also lead to unwarranted variation in care delivery
Gweithlu: Workforce:	e.g. adverse existing or future staffing impacts: (if yes, please complete relevant section of the integrated impact assessment template available via the link below) http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906
Risg: Risk:	The presence of written control documentation on the intranet, outside of the Policies, Procedures and other Written Control Documentation intranet webpage, may result in staff accessing documents which are out of date, no longer relevant, or contradicting current guidance
Cyfreithiol: Legal:	It is essential that the UHB has up to date policies and procedures in place
Enw Da: Reputational:	Not applicable
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	A full equality impact assessment has been undertaken for each separate policy/procedure

SCREENING

When undertaking an Equality Impact Assessment, it is recommended that the following key questions are kept in mind as a guide to formulate the basis of the report:-

What is the purpose of the Policy/change/decision? - Outline in EqIA

Have those affected by the proposals been involved? - Stage who and how

Have potential positive and negative impacts been identified? - State what they are

What plans are there to alleviate any negative impact? - Give outline of plans

What plans are there to monitor the impact of the proposals? - Give outline of plans

For in-house advice and assistance with Assessing for Impact, please contact:-

Jackie Hooper
Senior Diversity & Inclusion Officer
Block 6, Prince Philip Hospital
Llanelli
Carmarthenshire SA14 8QF

Alan Winter
Senior Diversity & Inclusion Officer
Springfield Building
Withybush Hospital
Haverfordwest SA61 2PZ

Tel 01554 756 567 Ext 3868

Tel 01437 83 Ext 4496

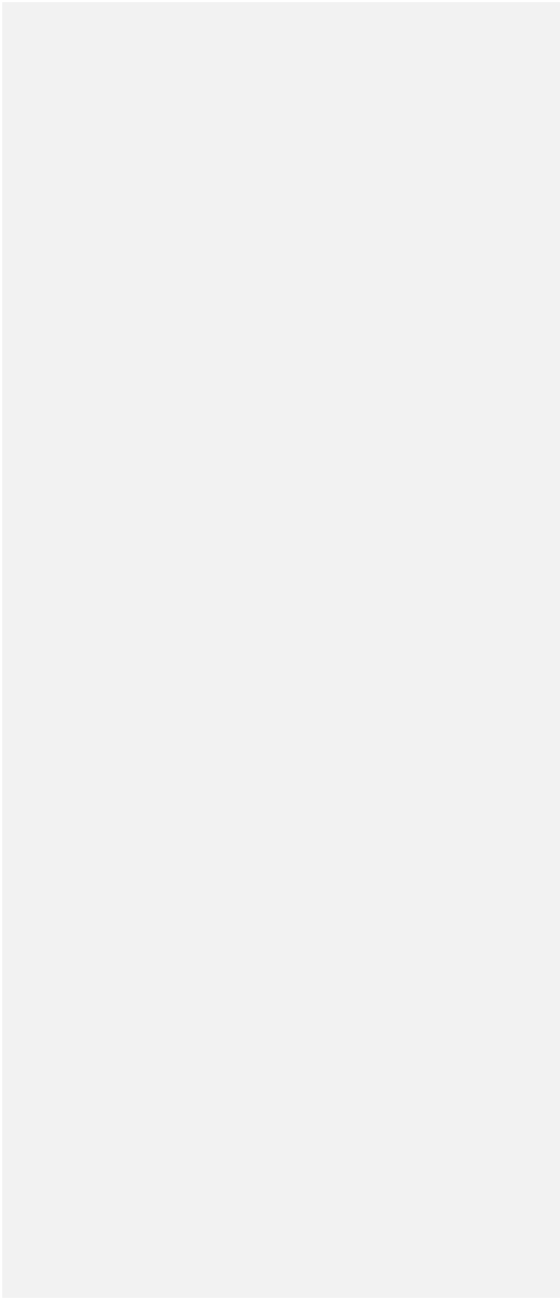
SCREENING

Form 1: Preparation

1.	What are you equality impact assessing?	HOSPITAL MANAGERS' SCHEME OF DELEGATION POLICY
2.	Brief Aims and Description	The purpose of this document is to clearly identify to whom the Health Board delegates responsibilities under the Mental Health Act in compliance with the Act and the MHA 1983 Code of Practice
3.	Who is responsible for the work?	Sarah Roberts, Mental Health Legislation Manager
4.	Who is involved in undertaking this EqIA?	Sarah Roberts, Mental Health Legislation Manager Ruth Bourke, Mental Health Act Administration Lead Jackie Hooper, Senior Diversity and Inclusion Officer Alan Winter – Senior Diversity and Inclusion Officer
5.	Is the Policy related to other policies/areas of work?	Mental Health Act 1983 Code of Practice for Wales (Revised 2016) Welsh Language Act 2016 Mental Health Wales Measure 2010 Deprivation of Liberty Safeguards Equality Act 2010
6.	Stakeholders – who is involved with or affected by this Policy	Service Users, Nursing Staff, Responsible Clinicians, Approved Clinicians, Mental Health Act Administrators and Assistants, Approved Mental Health Professionals, Associate Hospital Managers.
7.	What might help/hinder the success of the Policy?	Training for all Mental Health Staff and relevant staff within general hospital settings Communication to staff Cooperation of staff Time constraints

SCREENING

		Covid 19
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SCREENING

Form 2: Information Gathering

	Age	Disability***	Gender	Gender Reassignment	Pregnancy and Maternity	Race/Ethnicity or Nationality	Religion or Belief	Sexual Orientation	Welsh Language	No Differences Either Position or Negative
<p><i>Is the Policy you are considering relevant to the public duties relating to each Protected Characteristic (listed to the right)?</i></p> <p>Place a Tick ✓ or a Cross * as appropriate</p>										
<p>In other words, does the Policy:</p> <ul style="list-style-type: none"> eliminate discrimination and eliminate harassment in relation to... 	✓	✓	✓	✓	✓	✓	✓	✓		
<ul style="list-style-type: none"> promote equality of opportunity in relation to... 	✓	✓	✓	✓	✓	✓	✓	✓		
<ul style="list-style-type: none"> promote good relationships and positive attitudes in relation to... 	✓	✓	✓	✓	✓	✓	✓	✓		
<ul style="list-style-type: none"> encourage participation in public life in relation to... 										
<p>*** In relation to disability only, as part of your assessment you MUST consider whether there is a need to make reasonable adjustment(s). The law requires this even if it involves treating some individuals more favourably in order to meet their needs</p>										

SCREENING

Form 2: Information Gathering (Human Rights)

Human Rights: The Human Rights Act contains 15 Articles (or rights), all of which NHS organisations have a duty to act compatibly with and to respect, protect and fulfil. The 6 rights that are particularly relevant to healthcare are listed below. For a fuller explanation of these rights and other rights in the Human Rights Act please refer to **Appendix A: The Legislative Framework**.

Depending on the Policy you are considering, you may find the examples below helpful in relation to the Articles.

Consider, is the Policy relevant to:	Yes	No
Article 2 : The right to life Example: The protection and promotion of the safety and welfare of patients and staff; issues of patient restraint and control	√	
Article 3 : The right not be tortured or treated in an inhuman or degrading way Example: Issues of dignity and privacy; the protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers; Issues of patient restraint and control	√	
Article 5 : The right to liberty Example: Issues of patient choice, control, empowerment and independence; issues of patient restraint and control	√	
Article 6 : The right to a fair trial Example: issues of patient choice, control, empowerment and independence	√	

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Article 8 : The right to respect for private and family life, home and correspondence; Issues of patient restraint and control Example: Issues of dignity and privacy; the protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers; the right of a patient or employee to enjoy their family and/or private life	√	
Article 11 : The right to freedom of thought, conscience and religion Example: The protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers	√	

SCREENING

Protected Characteristic	List Information Gathered in relation to different protected characteristics	List Information Gathered in relation to multiple protected characteristics
Age	The Mental Health Act relates to all patients suffering from a mental disorder who meet the criteria for detention, irrespective of age.	<p>Mental health issues affect the whole population ,though some protected groups are disproportionately represented among service users.</p> <p>The policy addresses administrative issues and responsibilities rather than the direct care and treatment of patients, although decisions made have an impact on the clinical pathways of patients.</p> <p>The scheme of delegation covers mental health patients across community, outpatient and inpatient settings. Hospital managers must ensure that those acting on their behalf are competent to do so and receive suitable training to ensure they exercise their functions appropriately to ensure the functions are carried out on a day to day basis</p>
Disability	The proposed policy will apply to all patients detained regardless of disability, as the policy is reference to the scrutiny of the documents completed by staff rather than the processes. All documents will have been completed in conjunction with consideration of the Mental Health Act, Mental Capacity Act, DoLS and the Mental Health Wales Measure.	
Gender	This policy will apply regardless of gender	
Gender Reassignment	This policy will apply regardless of whether or not patients have transitioned gender reassignment .	
Human Rights	The proposed policy promotes human rights in ensuring that all patients are detained lawfully.	
Pregnancy and Maternity	This policy will apply regardless of whether patients are pregnant at the time of being detained. In relation to staff there are no changes to be made in relation to scrutinising and accepting admission documents. Wards will have completed risk assessments in relation to staff.	
Race/Ethnicity or Nationality	The proposed policy will apply regardless of the race / ethnicity of patients or staff.	

SCREENING

Religion or Belief	The proposed policy will apply regardless of the religion or belief of patients or staff.	
Sexual Orientation	The proposed policy will apply regardless of the sexual orientation of the patients or staff.	
Welsh Language	As the statutory documents in relation to the Mental Health Act are provided by Welsh Government these are in English on the Website. Information leaflets for the patients are available in both English and Welsh. Within the explanation of rights this now details if the information has been given in the patients preferred language and will be reported on. Welsh Language Act is a consideration.	

SCREENING

Form 3: Assessment of Relevance and Priority

Protected Characteristic	Evidence: Existing Information to suggest some groups affected. Gathered from Step 2. (See Scoring Chart A)	Potential Impact: Nature, profile, scale, cost, numbers affected, significance. Insert one overall score (See Scoring Chart B)	Decision: Multiply 'evidence' score by 'potential impact' score. (See Scoring Chart C)
Age	3	0	0
Disability	3	0	0
Gender	3	0	0
Gender Reassignment	3	0	0
Human Rights	3	0	0
Pregnancy and Maternity	3	0	0
Race/Ethnicity or Nationality	3	0	0
Religion or Belief	3	0	0
Sexual Orientation	3	0	0
Welsh Language	3	0	0

Scoring Chart A: Evidence Available

3	Existing data/research
2	Anecdotal/awareness data only

Scoring Chart B: Potential Impact

-3	High negative
-2	Medium negative

Scoring Chart C: Impact

-6 to -9	High Impact (H)
-3 to -5	Medium Impact (M)

SCREENING

1	No evidence or suggestion

-1	Low negative
0	No impact
+1	Low positive
+2	Medium positive
+3	High positive

-1 to -2	Low Impact (L)
0	No Impact (N)
1 to 9	Positive Impact (P)

FULL EQUALITY IMPACT ASSESSMENT

Form 4: Examine the Information Gathered So Far

1.	Do you have adequate information? (Refer to Form 2 : Information Gathering for assistance if necessary)	Yes
2.	Can you proceed with the Policy whilst the EqIA is ongoing?	Yes
3.	Does the information collected relate to all protected characteristics?	Yes
4.	What additional information (if any) is required?	None
5.	How are you going to collect the additional information needed? State which representative bodies you will be liaising with in order to achieve this	N/A

FULL EQUALITY IMPACT ASSESSMENT

Form 5: Judge/Assess the Potential Impact of the Policy across the Protected Characteristics

	Information gathered on Forms 2 and 4	Consider the likely/potential impact of the evidence	Positive	Differential	Negative
Age	Whilst some age groups may be disproportionately represented among mental health service users, the implementation of the policy does not impact any of the groups specifically in any way that differs from those who do not share any particular protected characteristic.	The policy is in accordance with the Mental Health Act and outlines what staff have professional responsibility to perform tasks under the Mental Health Act		✓	
Disability	Whilst disabled people with certain conditions in addition to mental health issues may be disproportionately represented among mental health service users (e.g.those with sensory impairments), the implementation of the policy does	As above		✓	

Commented [JH(DU-SEa1)]: This is ticked in each case because the previous from indicated that some groups are disproportionately represented among mental health service users.

FULL EQUALITY IMPACT ASSESSMENT

	Information gathered on Forms 2 and 4	Consider the likely/potential impact of the evidence	Positive	Differential	Negative
	not impact any of the groups specifically in any way that differs from those who do not share any particular protected characteristic				
Gender	Whilst men and women may be disproportionately represented among mental health service users, presenting with different mental health conditions, the implementation of the policy does not impact any of the groups specifically in any way that differs from those who do not share any particular protected characteristic	As above		✓	
Gender Reassignment	Whilst Trans people may be disproportionately represented among mental health service users, the implementation of the	As above		✓	

FULL EQUALITY IMPACT ASSESSMENT

	Information gathered on Forms 2 and 4	Consider the likely/potential impact of the evidence	Positive	Differential	Negative
	policy does not impact any of the groups specifically in any way that differs from those who do not share any particular protected characteristic				
Human Rights	The proposed policy promotes human rights in ensuring that all patients are detained lawfully	As above		✓	
Pregnancy and Maternity	People with Ante and Post Natal depression will be impacted by this policy, but in no way that differs from those who do not share this protected characteristic.	As above		✓	
Race	Refugees and Asylum Seekers may be disproportionately represented among mental health service users, but will not be impacted by this policy in any way that differs from those who do not share this particular	As above		✓	

FULL EQUALITY IMPACT ASSESSMENT

	Information gathered on Forms 2 and 4	Consider the likely/potential impact of the evidence	Positive	Differential	Negative
	protected characteristic.				
Religion/Belief	People of different religions, or no belief will not be impacted differently	As above		✓	
Sexual Orientation	LGBQ+ people may be disproportionately represented among mental health service users, but will not be impacted differently by the implementation of this policy from those who do not share this protected characteristic.	As above		✓	
Welsh Language	There is no evidence to indicate that Welsh speakers are disproportionately represented among mental health service users. This Policy will not impact on Welsh speakers in any way differently from those who do not speak Welsh. The policy can be	As above		✓	

FULL EQUALITY IMPACT ASSESSMENT

	Information gathered on Forms 2 and 4	Consider the likely/potential impact of the evidence	Positive	Differential	Negative
	translated in to Welsh for staff/service users who may require a copy in Welsh				

Form 6: Consider Any Alternatives which will Reduce or Eliminate any Negative Impact

1.	Describe any mitigating actions taken to reduce negative impact	The Health Board provides a Welsh Translation Service for any staff wishing to obtain policies through the medium of Welsh.
2.	Is there a handling strategy for any unavoidable but not unlawful negative impacts that cannot be mitigated?	Not applicable
3.	Describe any actions taken to maximise	Not applicable

FULL EQUALITY IMPACT ASSESSMENT

	the opportunity to promote equality, ie: changes to the Policy, regulation, guidance, communication, monitoring or review	
4.	What changes have been made as a result of conducting this EqIA?	

FULL EQUALITY IMPACT ASSESSMENT

Form 7: Outcome Report

Organisation:	HYWEL DDA UNIVERSITY HEALTHBOARD
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Proposal Sponsored by:	Name:	Andrew Carruthers
	Title:	Director of Operations
	Department:	Corporate

Policy Title:	HOSPITAL MANAGERS SCHEME OF DELEGATION
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Brief Aims and Objectives of Policy:	<p>This policy should ensure that all staff authorised for the receipt and scrutiny of Mental Health Act documentation are aware of their responsibilities and requirements both individually and collectively in relation to the delegated duties of Hospital Managers.</p> <p>It is the responsibility of the Mental Health Act administration team to maintain records of all original documentation and record this information on the Mental Health computerised information system</p> <p>The principle objectives of this policy are to inform the organisation the arrangements for authorising people to exercise delegated functions as set out in the scheme of delegation. Unless the Act or regulations say otherwise, organisations may delegate their functions under the Act to any one and in any way their constitutions allows or in the case of the HB in line with</p>
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FULL EQUALITY IMPACT ASSESSMENT

	NHS legislation.	
Was the decision reached to proceed to full Equality Impact Assessment?:	Yes <input checked="" type="radio"/>	No <input type="checkbox"/>
	<p>Record Reasons for Decision: This policy is a technical document identifying the duties under the MHA of Hospital Managers and a formal scheme of delegation of these powers to UHB officers and is a legislative requirement under Mental Health Act.</p> <p>It has been reviewed following the 3 yearly review of the Hospital Managers Scheme of Delegation Policy. The policy has not undergone any fundamental changes other than grammatical and changes to named individuals with designated responsibility for this policy. These changes have a low relevance to the equality duties and will not impact on protected groups.</p> <p>No complaints in relation to equality, diversity or human rights have been received since the policy was first implemented. A clear statement of roles and responsibilities should assist in facilitating fair and equitable treatment for all.</p>	
If no, are there any	Yes <input checked="" type="radio"/>	No <input type="checkbox"/>

FULL EQUALITY IMPACT ASSESSMENT

issues to be addressed?	Record Details:	
Is the Policy Lawful?	Yes ✓	<p>All staff will work within the Mental Health Act 1983 and in accordance with the Code of Practice for Wales 2007, Mental Capacity Act 2005, and Human Rights Act 1998.</p> <p>Mental Health Act 1983 - www.legislation.gov.uk/ukpga/1983/20/contents Mental Capacity Act 2005 - www.legislation.gov.uk/ukpga/2005/9/schedule/7 Mental Health Review Tribunal for Wales - www.justice.gov.uk/tribunals/mental-health Human Rights Act 1998 - www.legislation.gov.uk/ukpga/1998/42/contents</p>
Will the Policy be adopted?	Yes ✓	This is an update of an existing policy
	If no, please record the reason and any further action required:	

FULL EQUALITY IMPACT ASSESSMENT

Are monitoring arrangements in place?	Yes ✓	Any complaints received in relation to equality, diversity or human rights will be addressed on an individual basis and appropriate action taken.
	Refer to Action Plan (Form 8)	

Who is the Lead Officer?	Name:	Andrew Carruthers – Director of Operations
	Title:	Director of Operations
	Department:	Mental Health Act Administration Team
Review Date of Policy:	Three yearly or sooner if required	

Signature of all parties	Name	Title	Signature
	Ruth Bourke	Mental Health Act Administration lead	6 November 2020
	Sarah Roberts	Mental Health Legislation Manager	18 November 2020

FULL EQUALITY IMPACT ASSESSMENT

	Jackie Hooper	Senior Diversity and Inclusion Officer	18 November 2020
	Al Winter	Senior Diversity and Inclusion Officer	
<p>Please Note: An Action Plan should be attached to this Outcome Report prior to signature</p>			

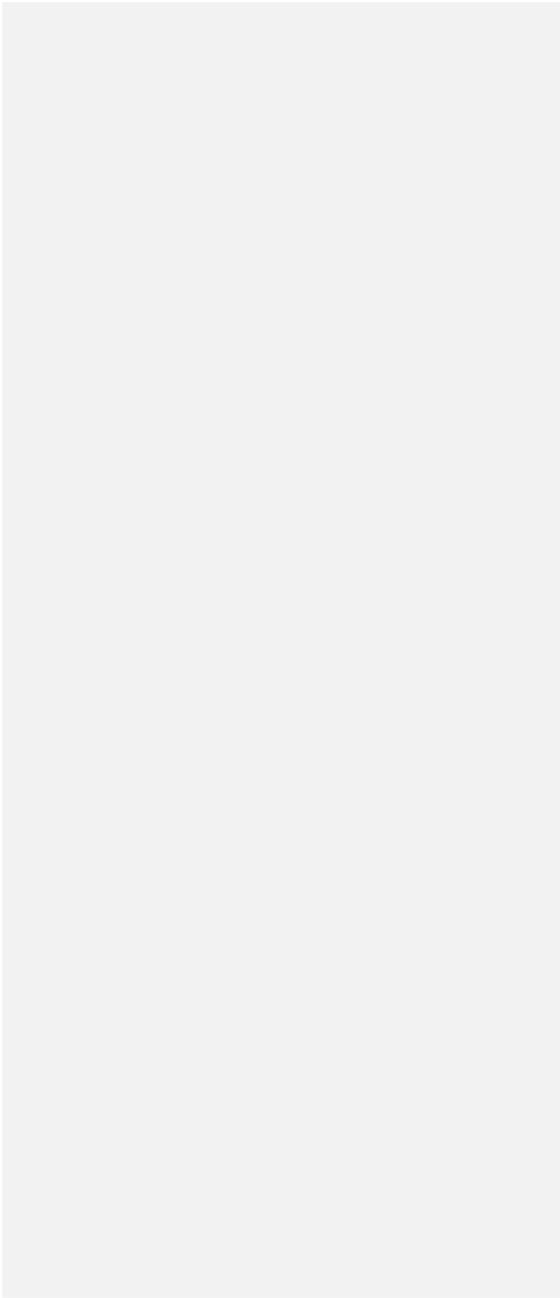
Form 8: Action Plan

You are advised to use the template below to detail any actions that are planned following the completion of EQiA. You should include any remedial changes that have been made to reduce or eliminate the effects of potential or actual negative impact, as well as any arrangements to collect data or undertake further research. **This Action Plan should be completed in combination with the Outcome Report.**

	Response	Proposed Actions	Lead Officer Identified	Timescale	Progress
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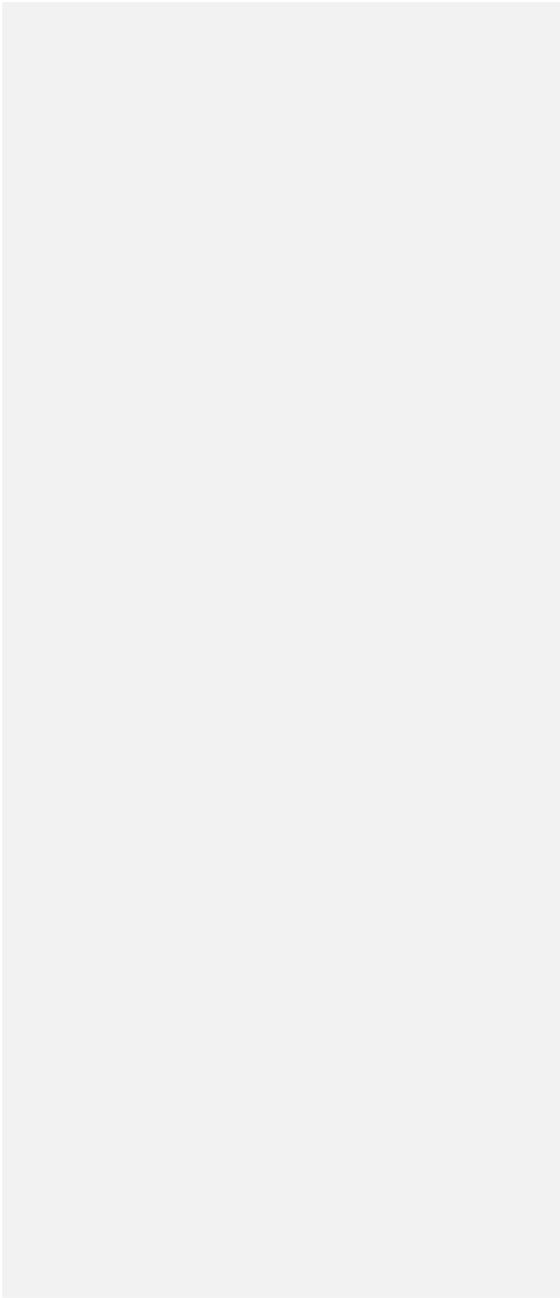
FULL EQUALITY IMPACT ASSESSMENT

	Response	Proposed Actions	Lead Officer Identified	Timescale	Progress
1. Will the Policy be adopted?	Yes				
2. If No please give reasons and any alternative action(s) agreed: (If the Policy is not to be adopted please proceed to Step 9).					
3. How will the affects of the Policy be monitored?					
4. What monitoring data will be collected?					
5. How will this data be collected?					



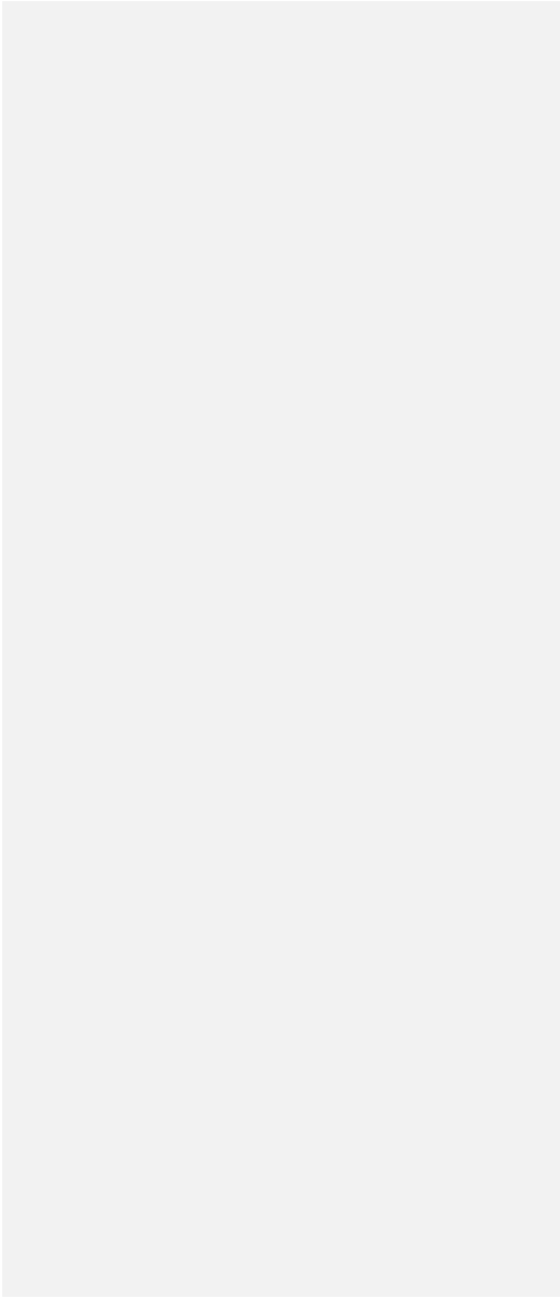
FULL EQUALITY IMPACT ASSESSMENT

	Response	Proposed Actions	Lead Officer Identified	Timescale	Progress
6. When will the monitoring data be analysed?					
7. Who will analyse the data?					
8. What changes have been made as a result of this EqIA?					
9. Where a Policy may have differential impact on certain groups, state what arrangements are in place or are proposed to mitigate these impacts					



FULL EQUALITY IMPACT ASSESSMENT

	Response	Proposed Actions	Lead Officer Identified	Timescale	Progress
10. Justification: for when a policy may have a negative impact on certain groups, but there is good reason not to mitigate, state those reasons here					
11. Provide details of any actions planned or taken to promote equality					
12. Describe the arrangements for publishing the EqIA Outcome Report					
13. When will the EqIA be subject to further Review?					



Hospital Managers' Scheme of Delegation Policy

Mental Health Act, 1983

Policy information

Policy number: 363

Classification:
Clinical

Supersedes:
363

Local Safety Standard for Invasive Policys (LOCSSIP) reference:
N/A

National Safety Standards for Invasive Policys (NatSSIPs) standards:
N/A

Version number:
3

Date of Equality Impact Assessment:
01/02/2024

Approval information

Approved by:
Mental Health Legislation Committee

Date of approval:
Enter approval date

Date made active:
Enter date made active (completion by policy team)

Review date:

Enter review date (normally three years from approval date)

Summary of document:

To clearly identify to whom the Health Board delegates responsibilities under the Mental Health Act in compliance with the Act and the MHA Code of Practice for Wales, 2016.

Scope:

This policy is applicable to all employees delegated to receive and scrutinise statutory forms required by the Mental Health Act, 1983 (MHA) on behalf of the Hywel Dda Health Board within All Mental Health inpatient settings, community settings and general hospital settings where patients are detained under the MHA

To be read in conjunction with:

[626 - Section 5\(4\) Nurses Holding Power Policy](#) (opens in a new tab)

[596 - Section 5\(2\) Doctors Holding Power Policy](#) (opens in a new tab)

[741-PatientsRightsProcedure.v2.pdf - All Documents \(sharepoint.com\)](#)

[625 CTO Policy.pdf - All Documents \(sharepoint.com\)](#)

[214 - IMHA policy v4.pdf - All Documents \(sharepoint.com\)](#)

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Scheme of Delegation, Mental Health Act, 1983, Hospital Managers

Glossary of terms

Term	Definition
AC	Approved Clinician – A mental health professional approved by Welsh Ministers to act as an Approved Clinician for the purposes of the Act. In practise, Health Boards take these decisions on behalf of Welsh Ministers.
CTO	Community Treatment Order – Written authorisation on a prescribed form for the discharge of a patient from detention in a Hospital onto supervised community treatment
HIW	Healthcare Inspectorate Wales – The independent body which is responsible for monitoring the operation of the Act in Wales.

Hospital Managers	The organisation (or individuals) responsible for the operation of the Act in a particular hospital. Hospital managers have various functions under the Act, which include the power to discharge a patient. In practice most of the hospital managers' decision are taken on their behalf by individuals (or groups of individuals) authorised by the hospital managers to do so. This can include clinical staff.
IMHA	Independent Mental Health Advocate – An advocate independent of the team involved in patient care available to offer support to patients.
MHRT/MHRTfW	Mental Health Review Tribunal for Wales – A judicial body that has the power to discharge patients from detention, community treatment orders, guardianship and conditional discharge
The Act	The Mental Health Act, 1983
RC	Responsible Clinician - The approved clinician with overall responsibility for the patient's case.
SOAD	Second Opinion Approved Doctor – An independent doctor appointed by Healthcare Inspectorate Wales who gives a second opinion on whether certain types of medical treatment for mental disorder should be given without the patient's consent.
Section 4	Section 4 of the MHA allows a period of detention for assessment that lasts up to 72 hours based on one medical recommendation.
Section 5	The powers in Section 5 allow hospital inpatients to be detained temporarily so that a decision can be made about whether an application for detention should be made.
Section 7	Guardianship – An application to a local authority for a patient to become subject to Guardianship
Section 15	Rectification of applications and recommendations.
Section 25	Restrictions on discharge by nearest relatives
Section 62/64	Urgent treatment given to detained patients/patients subject to Community Treatment Orders
Section 23	Discharge of patients
Section 133	The duty of hospital managers to inform nearest relatives of a patient's discharge
Section 134(1)(a)	The withholding of postal packages

Form CP6	Form used by qualified staff to record the recall of a CTO patient to hospital
Form HO14	Record of admission to hospital – completed by qualified nursing staff of a Mental Health Act administrator for relevant sections of the MHA

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Introduction

The Health Board is defined as the 'Hospital Managers' for the purposes of the Mental Health Act 1983 (the Act). Associate Hospital Managers are appointed by the Health Board and have the authority to detain patients under the Act.

Hospital Managers have a range of responsibilities, including:

- Ensuring that patient's care and treatment complies with the Act;
- Authority to detain patients admitted under the Act; and
- Power to discharge certain patients (sec 23 of the Act) - which can only be exercised by three or more members of a committee formed for that purpose.

There are other responsibilities and duties performed on the Health Boards behalf by 'authorised officers' (staff) of our hospitals. These include receipt, scrutiny and amendment of detention documents, ensuring patients' rights are made known to them, referral for and arranging Mental Health Review Tribunals (MHRT), ensuring compliance with renewal/extension, consent treatment and second opinion dates. This is not an exhaustive list as there are many other duties. These roles and responsibilities will be given in more detail below and in the scheme of delegation at **Appendix A**.

It is the hospital managers who have the authority to detain patients under the Act and have equivalent responsibilities towards patients subject to Community Treatment Orders (CTO). The policy provides assurance that the health board as a detaining authority has formally delegated specific statutory duties and powers to specific individuals (or groups of individuals).

The health board's Mental Health Legislation Assurance Committee is responsible for providing assurance to the health board that functions of the Act which have been delegated to officers and staff are carried out correctly; and that the wider operation of the Act in relation to the health board's area is operating properly.

Policy Statement

The Health Board is responsible for ensuring the Act is used lawfully and fairly, in accordance with the principles of the Mental Health Act Code of Practice for Wales, including ensuring all paperwork is scrutinised for validity, that detained patients are informed of their rights, and that patients are referred to the Tribunal within the timeframes set out in the Act. They also have various powers, to discharge patients from detention, transfer detained patients to other hospitals in accordance with regulations, as well as withholding a patient's outgoing correspondence where the law permits.

Scope

The Health Board has in place appropriate governance arrangements to monitor and review the exercise of functions under the Act on its behalf. The Mental Health Legislation Assurance Committee is specifically for this purpose.

The Scheme of Delegation covers all patients that come under the Act within the health board. Hospital managers must ensure that those acting on their behalf are competent to do so and receive suitable training to ensure they exercise their functions appropriately to ensure the functions are carried out on a day to day basis.

Aim

This policy should ensure that all staff authorised for the receipt and scrutiny of Mental Health Act documentation are aware of their responsibilities and requirements both individually and collectively in relation to the delegated duties of Hospital Managers.

It is the responsibility of the Mental Health Act administration team to maintain records of all original documentation and record this information on the mental health computerised information system.

Objectives

The principle objectives of this policy are to inform the organisation the arrangements for authorising people to exercise delegated functions as set out in the scheme of delegation. Unless the Act or regulations say otherwise, organisations may delegate their functions under the Act to any one and in any way their constitutions allows or in the case of the Health Board in line with NHS legislation.

The Statutory Functions of Hospital Managers

The statutory functions of the hospital managers are as follows:

Receipt, Scrutiny and Recording of Documentation

Hospital Managers should formally delegate their duties to receive and scrutinise admission documents to a limited number of officers, who may include clinical staff on wards. Someone with the authority to receive admission documents should be available whenever patients may be admitted to the hospital. A manager of appropriate seniority should take overall responsibility on behalf of the Hospital Managers for the proper receipt and scrutiny of documents. (Code of Practice for Wales, 35.8).

It is necessary that detention papers undergo both administrative and medical scrutiny to ensure that they are technically correct and that the clinical reasons given are sufficient for detaining the patient under the Act. The MHA administrator will carry out the administrative scrutiny and a consultant who has not been involved in the detention of the patient will carry out the medical scrutiny in accordance with local practice.

The Mental Health Act (MHA) administration team provides the Mental Health Legislation Assurance Committee with details of defective admission documents and of any subsequent action on a regular basis.

Authority for checking that detention documents are in order and receiving papers authorising a patients' detention can only be undertaken by:

- The MHA administration team
- Responsible Clinicians
- Out of hours nurse practitioners (OHNP)
- Qualified nurses
- Senior nurse managers

All of the above staff should receive regular training and instruction in the receipt of admission documentation.

Section 15 of the Act describes the types of errors that may be rectified in the statutory documents. The person who signed the document in question must complete the rectification and that must take place

within 14 days of the date of the Form HO14 (record of receipt of admission). Further guidance on the subject of rectification may be found in Part II of the Act.

If admission documents reveal a defect which fundamentally invalidates the application and which cannot, therefore, be rectified under section 15, the patient can no longer be detained on the basis of the application. Authority for detention can only be obtained through a new application. The hospital managers should use their power under section 23 to discharge the patient. The patient should be informed both verbally and in writing.

Responsibility for coordinating this at Hywel Dda rests with the MHA administration team

[Report on hospital in-patient \(section 5, MHA\)](#)

Hospital Managers should monitor the use of section 5 including:

- How quickly patients are assessed for detention and discharged from the holding power
- The attendance times of doctors and approved clinicians following the use of section 5(4)
The proportion of cases in which applications for detention are, in fact, made following use of section 5

Hospital managers should ensure suitably qualified, experienced and competent nurses are available where there is a possibility of section 5(4) being invoked.

The role of monitoring is provided by the Mental Health Legislation Assurance Committee who will be informed via the MHA administrator

[Emergency admission \(section 4, MHA\)](#)

Hospital managers should monitor the use of section 4 and ensure that second doctors are available to visit a patient within a reasonable time after being requested.

The role of monitoring is provided by the Mental Health Legislation Assurance Committee who will be informed via the MHA administrator

[Allocation of a Responsible Clinician](#)

Every patient must have an allocated Responsible Clinician (RC). (Code of Practice for Wales, Chapter 36) The RC is the Approved Clinician (AC) who will have overall responsibility for the patient's care and treatment. The patient should be informed of the identity of the RC and of any change. Chapter 36 of the Code of Practice for Wales outlines the functions of responsible clinicians and approved clinicians and steps to be followed to ensure that:

- The patient's RC is the available AC with the most appropriate expertise to meet the patient's main assessment and treatment needs;
- A patient's RC can be easily determined;
- Cover arrangements are in place when the RC is not available;
- There is a system for keeping the appropriateness of the RC is under review.

The allocation of the RC is delegated to the clinical team and the medical lead. A list of ACs in Wales and those employed by the Health Board is held by Wrexham LHB.

[Transfer between hospitals \(section 19, MHA\)](#)

Section 19 of the Act allows hospital managers to authorise the transfer of most detained patients from one hospital to another. Decisions on transfers may be delegated to a person who could, but need not

be the patient's RC. For restricted patients, the consent of the Secretary of State for Justice is also required.

The MHA administration team, suitably qualified nurses, Responsible Clinicians or senior nurse managers will perform this role on behalf of the Hospital managers.

Transfers into/from guardianship (section 7, MHA)

Section 19 allows hospital managers to authorise the transfer of most detained patients into guardianship with the agreement of the relevant local authority. This procedure avoids the need to discharge the patient from detention and making a separate guardianship application. There should be good reasons for any transfer into guardianship and the needs and interest of the patient must be central to decision making.

This role is performed on behalf of the managers by the MHA administration team.

Transfer and assignment of responsibility for CTO patients (section 19A, MHA)

The managers of a hospital to which a CTO patient has been recalled may authorise the patient's transfer to another hospital during the 72 hour maximum period of recall. With the agreement of the hospital to which the patient is being transferred, the hospital managers may also reassign responsibility for CTO patients so that a different hospital will become the patient's responsible hospital.

The MHA administration team, responsible clinician, suitably qualified nurses or senior nurse managers will perform this role on behalf of the hospital managers.

Removal and return of patients

Part 6 of the Act enables the transfer from the United Kingdom jurisdictions, Channel Islands or Isle of Man of detained patients (otherwise than under s.35, s.36 or s.38), patients subject to guardianship or to compulsion in the community where the patient concerned needs to remain subject to detention, guardianship or the equivalent CTO on arrival in Wales.

Following approval by Welsh Ministers this role is performed on behalf of the Hospital managers by the MHA administration team

Responsibilities under Community Treatment Order

There is a duty on the hospital managers to take steps to ensure patients understand what a CTO means for them and their rights to apply for discharge. A copy of this information must also be provided to the nearest relative, where practicable, if the patient does not object. (Code of Practice for Wales, Chapter 4)

Suitably qualified staff will perform this role on behalf of the hospital managers

Recall to hospital for CTO patients (section 17E)

Following recall, the hospital managers are responsible for ensuring no patient is detained for longer than 72 hours unless the CTO is revoked. The relevant statutory form must be completed on the patient's arrival at hospital. Arrangements should be put in place to ensure the patient's length of stay following the time of detention after recall, as recorded on the form, is carefully monitored.

The completion of form CP6 will be undertaken by qualified ward staff or senior nurse managers on behalf of the hospital managers

Duty to provide information to patients

Sections 132 and 132A of the Act require hospital managers to take such steps as are practicable 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 must be done as soon as practicable after the start of the patient's detention or the CTO. (Code of Practice for Wales, Chapter 4)

Staff must be fully aware of the diverse needs of the patient when considering detention and must take them into account at all times. They must ensure the patient fully understands what is happening to them in a language and format which they are able to understand, this will include sensory and cognitive abilities and physical impairment. Where necessary, an interpreter should be obtained. It would not be sufficient to repeat what is already written on an information leaflet as a way of providing information verbally.

Patients should be given all relevant information, which includes how to make a complaint, how to access advocacy services, legal advice and the role of the Inspectorates.

Those with responsibility for the care and treatment of patients should be aware of the most effective way to communicate with each individual and their family, carers and relevant others. Everything possible should be done to overcome barriers to effective communication.

Under section 133 of the Act, the hospital managers must inform the nearest relative (as defined in section 26 of the Act) when a patient is released from detention, including a patient who is to be discharged from hospital under CTO. It need not be provided, if either the patient or nearest relative have requested that this information should not be given.

The role for ensuring that the patient and nearest relative are informed in line with the above requirements rests with the MHA administration team or suitably experienced staff of the hospital

Correspondence of patients

Section 134(1)(a) of the Act allows hospital managers to withhold outgoing post from detained patient if the person it is addressed to has requested in writing that they do so and the procedure to be followed in the event of the hospital managers receiving a written request for outgoing mail to be withheld.

The role of monitoring is provided by the Mental Health Legislation Assurance Committee who will be informed via the MHA administration team

Information about Independent Mental Health Advocates

Section 130D places a duty on hospital managers (and in certain cases RCs) to provide qualifying patients with information that advocacy services are available and how to obtain that help.

This role will be provided on behalf of the hospital managers by suitably qualified or experienced staff or MHA administrator in accordance with (Code of Practice for Wales 37.15)

Duty to refer cases to the Mental Health Review Tribunal for Wales (section 68, MHA)

Hospital Managers must refer a patient's case to the MHRT for Wales in the circumstances set out in section 68 of the Act below:

- Who has not exercised their right to apply (or been referred by Welsh Ministers or the hospital managers as set out in section 68;
- Who has been transferred from guardianship under regulations under section 19 and has not applied for a tribunal;
- Who has not had an application made on their behalf by the nearest relative or by virtue of a referral by Welsh Ministers;
- If the authority for detention is renewed and the patient has not had a MHRT for more than three years, or a patient under 18 years of age, for one year ; or
- On the revocation of a Community Treatment Order (CTO)

The responsibility for ensuring that systems are in place to make a reference to the MHRTfW within the timescales will be performed by the MHA administration team on behalf of the hospital managers

Referrals to the Mental Health Review Tribunal for Wales by Welsh Ministers

Hospital managers should consider asking Welsh Ministers to exercise their power of referral for a patient (whose rights under Article 5(4) may be at risk of being violated) to have their case considered by the MHRT for Wales (Code of Practice 37.40).

The hospital managers should normally seek such a referral in any cases where:

- A patient's detention under section has been extended under section 29 of the Act pending the outcome of an application to the county court for the displacement of their nearest relative
- The patient lacks the capacity to request a reference
- The patient's case has never been considered by the MHRT for Wales or a significant period has passed since it was last considered

The MHA administrator will perform this duty on behalf of the hospital managers

Renewal of authority to detain (section 20, MHA)

The hospital managers should consider a report made under section 20(3) or section 20A(4) before the current period of detention or community treatment expires. If a RC does not hold a review before the period of detention or CTO expires, this should be considered a very serious matter to be urgently reviewed. The hospital managers should have processes in place to ensure that this does not happen.

The RC has responsibility for completing the report to renew a patient's detention or community treatment order. The MHA administration team receives the report on behalf of the hospital managers and arranges a hearing for the hospital managers to sit and consider the renewal of detention Report barring discharge by nearest relative (section 25, MHA)

The nearest relative may order the discharge of a patient detained under section 3, or CTO by giving 72 hours notice to the hospital managers in writing. The person receiving the notice must note the time and date received.

The receiving of this notification of intent to discharge the patient is delegated to the MHA administration team; any qualified nursing staff or any AC

The RC may within the 72-hour period furnish Form NR1 barring the discharge by the nearest relative.

The duty of informing the nearest relative in writing of the decision on behalf of the hospital managers is delegated to the MHA administration team

Duties in respect of victims

The Domestic Violence, Crime & Victims Act 2004 (DVCVA) 2004 places a number of duties on hospital managers in relation to certain patients who have committed sexual or violent crimes together with guidance on the exercise of these.

The duties include the following information is communicated to victims:

- When authority to detain a patient expires
- When the patient is discharged, including allowing the victim to make representations about discharge conditions and whether a CTO is to be made
- What conditions of discharge relate to the victim, and when these cease
- The victim's entitlement to make representations on the need for a CTO and allowing representation concerning the conditions attached to the CTO
- Any conditions on the CTO relating to the victim or their family, and any variation of the conditions
- When the CTO ceases

The MHA administration team and RCs will perform this role on behalf of the hospital managers

Discharge from MHA detention and CTO (section 23, MHA)

Hospital managers have the power to discharge certain patients from detention (section 23 of the Act) which can only be exercised by three or more members of a Committee formed for that purpose. Although the function is delegated to a Committee of three or more lay members, the health board remains responsible for this statutory function. A panel of three or more members drawn from the Hospital Managers Power of Discharge Sub-Committee (a Sub-Committee of the Mental Health Legislation Assurance Committee) hear individual cases where patients or their nearest relative have applied for discharge. The panels also sit on renewal hearings, these are collectively known as hospital managers reviews.

Section 23 of the Act (the power to discharge certain patients from detention) is delegated to three or more members of the Hospital Managers Power of Discharge Sub-Committee and the RC

Consent to Treatment

The hospital managers should ensure that robust procedures are in place to notify the approved clinician in charge of the patient's treatment, of the expiry of the three-month rule set by section 58 and Part 4A certificates for community patients, and they should check that action has been taken.

This is delegated to the MHA administration team on behalf of the hospital managers

The same reminder system should ensure that patients are asked whether they consent to continued medication.

Responsibility for this task is delegated to the MHA administration team in conjunction with qualified nursing staff

If the patient is unwilling to consent or incapable of doing so, the approved clinician in charge of the patient's treatment must ask Healthcare Inspectorate Wales (HIW) to arrange for a second opinion appointed doctor (SOAD) to visit the patient and review the proposed treatment.

When a second opinion is required, the hospital managers should ensure that the patient, statutory consultees (one of which is neither a doctor nor a nurse), and any other relevant people, are available to consult with the SOAD, and that the statutory documents are in order and readily available for inspection.

Responsibility for this is delegated to the RCs and MHA administration team in conjunction with qualified nursing staff and community staff

Emergency Treatment

The Hospital Managers should monitor the giving of 'urgent treatment' under section 62 and 64 of the Act, and they should ensure that a form is provided for completion by the responsible clinician, or the approved clinician in charge of the patient's treatment, can record details of:

- the proposed treatment
- why it is immediately necessary to give the treatment
- The length of time for which the treatment was or will be given.

The use of section 62 and 64 will be monitored by the MHA administration team on behalf of the hospital managers

Hospital accommodation for children

Section 131A of the Act puts a duty on hospital managers to ensure any children receiving in-patient care for mental disorder in their hospitals are accommodated in an environment which is suitable for their age and in line with their needs. This duty will apply to children admitted informally to hospitals, as well as those detained under the Act.

The admission of children and young people onto psychiatric wards is monitored by the child and adolescent mental health services on behalf of the hospital managers

Training

The health board will provide ongoing training for staff that have a delegated duty under the scheme of delegation. Details of training courses available can be found by contacting the MHA administration team.

Monitoring

Day to day monitoring of all aspect of MHA documentation are carried out by the MHA administration team. Areas of non compliance are addressed immediately with the patient's multi disciplinary team. If the issues are to do with treatment they can be escalated to the Medical Director and Service Manager. If the issues are to do with care co-ordination they are raised with the Team Lead. If there is a need to escalate further these issues can be discussed at MH Scrutiny Group, Medical Staff Committee, Ward Managers Forum and ultimately Mental Health Legislation Assurance Committee.

Roles and Responsibilities

Chief Executive

The Chief Executive Officer has overarching responsibility for ensuring that Hywel Dda University Health Board (HDUHB) is compliant with the law in relation to the MHA.

Executive Lead

The Executive Director of Operations is the Executive Lead Mental Health and Learning Disabilities. They have overarching responsibility for ensuring compliance with the contents of this policy.

Designated Individuals

The policy states which individuals are responsible for certain sections of the MHA under the Scheme of Delegation at Appendix A

Review

This Policy will be reviewed following any changes in legislation to the Mental Health Act, 1983.

References

All staff will work within the Mental Health Act 1983 and in accordance with the Mental Health Act Code of Practice for Wales 2016, Mental Capacity Act 2005, and Human Rights Act 1998.

- Mental Health Act 1983 – <http://www.legislation.gov.uk/ukpga/1983/20/contents> (opens in a new tab)
- Mental Capacity Act 2005 - <http://www.legislation.gov.uk/ukpga/2005/9/contents> (opens in a new tab)
- Mental Health Review Tribunal for Wales- <http://mentalhealthreviewtribunal.gov.wales/mhrtw-about/?lang=en> (opens in a new tab)
- Domestic Violence, Crime and Victims Act 2004
<http://www.legislation.gov.uk/ukpga/2004/28/contents> (opens in a new tab)
- Mental Health (Hospital, Guardianship, Community Treatment and Consent to Treatment) (Wales) Regulations 2008 <http://www.legislation.gov.uk/wsi/2008/2439/contents/made> (opens in a new tab)

Appendix A : Hospital Managers' Scheme of Delegation

The arrangements for authorising decisions should be set out in a scheme of delegation approved by the resolution of the body itself. (Code of Practice for Wales, chapter 37.8)

Page	Legislative Reference	Function	Delegated to
7	Section 15	Receipt, scrutiny and recording of documentation	MHA Administration team, Qualified nurses, Senior Nurse Managers, Out of Hours Nurse Practitioner, Responsible Clinicians
8	Section 5	Report on hospital in-patient	MHA Administration team
8	Section 4	Emergency admission (Monitoring)	MHA Administration team
8	Code of Practice for Wales - Chapter 36	Allocation of Responsible Clinician	Clinical Teams, Medical Lead
9	Section 19	Transfer between hospitals	MHA Administration team, suitably qualified nursing staff, Senior Nurse Managers, Responsible Clinicians
9	Section 7	Transfers into/from guardianship	MHA Administration team
9	Section 19A	Transfer and assignment of responsibility for CTO patients	MHA Administration team, suitably qualified staff, Senior Nurse Managers, Responsible Clinicians
9	Section 86	Removal and return of patients	MHA Administration team
9	Section 17E	Recall of CTO patient to hospital	Suitably qualified nursing staff, Senior nurse managers

Page	Legislative Reference	Function	Delegated to
10	132, 132A and 133	Duty to provide Information to patients	MHA Administration team, suitably qualified staff, Senior Nurse Managers, Responsible Clinicians
10	Section 134(1)	Correspondence of patients	MHA Administration team
10	Section 130D	Independent Mental Health Act Advocates – duty to provide information	MHA Administration team, suitably qualified or experienced staff
11	Section 68	Referral to MHRT for Wales	MHA Administration team
11	Section 67	Referrals by Welsh Ministers to MHRT	MHA Administration team
11	Section 20 and 20A	Renewal of authority to detain	MHA Administration team
12	Section 25	Report barring discharge by nearest relative	MHA Administration team, suitably qualified nursing staff, Senior Nurse Managers, Responsible Clinicians
12	Domestic Violence, Crime & Victims Act 2004	Victims Right to be informed of discharge and conditions attached to that discharge	MHA Administration team, Responsible Clinician
12	Section 23	Discharge from MHA detention or CTO	Responsible Clinician Hospital Managers - who have the power to discharge certain patients from detention which can only be exercised by three or more members of a Committee formed for that purpose. The LHB Board remains responsible for this statutory function.

Page	Legislative Reference	Function	Delegated to
12	Part IV and Part IVA Section 58 – Section 63	Consent to Treatment	MHA Administration team, Nursing Staff, Community Staff, Approved Clinicians and Responsible Clinician
13	Section 62	Emergency Treatment (Monitoring)	MHA Administration team, Responsible Clinician
13	Section 131A	Hospital accommodation for children and young people (Monitoring)	MHA Administration team, CAMHS