CLINICAL GUIDELINE FOR
THE PRACTICAL APPLICATION OF THE
MENTAL HEALTH ACT 1983 & MENTAL HEALTH AMENDMENT
ACT 2007 WITHIN THE ROYAL CORNWALL HOSPITAL (RCH)
Goes missing ‘AWOL’

Refer to the RCHT Missing Person Policy

Notify the Clinical site co-ordinator

The Coroner must be informed the patient was detained

The CQC must be notified. Contact the Quality and Safety Team on ext: 8577

You must immediately inform:

Clinical Site Co-ordinator

AND

Mental Health and Wellbeing Nurse

Dies

Assess whether the patient requires Safe and Supportive Observations

If Safe and Supportive Observations are required follow Appendix 3: Pathway for Safe and Supportive Observations in the RCHT Safe and Supportive Observations Policy.

For support contact: Specialist Nurse Mental Health and Wellbeing on ext: 4551 or 07789 876247

Ensure the patients care plan encompasses Mental Health needs and Section details

For support with mental health care planning contact:

Specialist Nurse Mental Health and Wellbeing on ext: 4551 or 07789 876247

If the patient is detained under the Mental Health Act and:

Transfers to another hospital

Ensure you provide the receiving department or hospital full details of the patient’s mental health prior to transfer

You must also immediately inform:

The relevant service as listed above

For full details of the Trusts Policy on the Mental Health Act please see:

‘RCHT Mental Health Act 1983 & Mental Health Amendment Act 2007 Procedures Guidelines & Information’
1. **Purpose of this Guideline**

1.1. This document offers practical guidance on the use of the mental health act for all patients within RCH regardless of their age. For full details of the Trusts policy on the Mental Health Act please see: ‘Mental Health Act 1983 & Mental Health Amendment Act 2007 Procedures Guidelines & Information’ (available on the RCHT documents library)

1.2. Within Royal Cornwall Hospital Trust (RCHT) the Mental Health Act is predominantly applied within Royal Cornwall Hospital (RCH). On the occasion that the Act is being applied in West Cornwall Hospital or St. Michael’s Hospital separate guidance is available, please see ‘The practical application of the mental health act 1983 & mental health amendment act 2007 within West Cornwall Hospital (WCH) and St. Michael’s Hospital (SMH)’.

2. **The Guidance**

2.1. All patients within RCHT will remain the responsibility of RCHT until they are discharged or transferred to another provider unit.

2.2. If a patient requires a Mental Health Act assessment or is admitted and is already detained under the Mental Health Act 1983 (MHA) you must inform the clinical site co-ordinators and the relevant Mental Health Service:

Clinical Site Co-ordinators (24 hours / 7 days a week), by bleep or ext: 3588, whose responsibilities are to:
- Receive and check section papers
- Complete the Record of Admission Form
- Authorise the transfer of patients under Section 19 of the Act
- Inform patients of their rights under the MHA 1983 as amended
- Assist patients in the completion of applications for reviews of their detention

Psychiatric Liaison Nurse via Maxims referrals, on ext: 1300 (9:00 -19:00 weekdays / 09:00 -17:00 weekends) whose responsibilities are:
- Initial psychosocial assessment for patients between the ages of 16-64 who present with self-harm and for patients over the age of 64 with acute functional problems that require urgent assessment on weekends.
- Patients over the age of 65 who have received an initial assessment from the Adult Liaison Psychiatry Service and are not immediately discharged from Royal Cornwall Hospital will receive any further mental health care from the Complex Care and Dementia Liaison Service.
- To provide the patient with a therapeutic mental health consultation.
- To provide a psychosocial assessment for all patients in the Emergency Department or Medical Admissions Unit who have attended following self-harm.

Referral details:
- Non-urgent referrals should be made via MAXIMS internal referrals or 01872 252930. If the referrals are received before 11:00hr they will be responded to by telephone call on the same day and seen by 17:00hr the next weekday.
For urgent mental health assessment and care contact the Duty Psychiatric Liaison Nurse via ext.1300 (9:00-19:00 weekdays / 09:00-17:00 weekends)
Outside of the above hours, contact the on-call psychiatric SHO via ext.1300.

**Complex Care and Dementia Liaison Psychiatry, via Maxims referrals, (older persons psychiatric liaison service) (9:00-17:00 Weekdays) whose responsibilities are to:**
- Assist with diagnosis, management (especially difficult behaviours), rehabilitation, complex discharges and family/carer support of patients who are 65 or over.
- Assist with planning future care, signposting patients to appropriate community services and co-ordinating carer support.

**Referral details:**
- Non-urgent referrals should be made via MAXIMS internal referrals or 01872 252930.
- For urgent mental health requirements The Complex Care and Dementia Liaison Service via ext:1300

**Child and Adolescent Mental Health Services (CAMHS) (9:00-17:00 Weekdays) whose responsibilities are to:**
- Child and Adolescent Mental Health Services (CAMHS), support children and young people up to the age of 18 with emotional, behavioral or mental health issues.

**Referral details:**
- Contact the appropriate area team:
  - Bodmin - 01208 72737
  - Penzance - 01736 575422
  - St Austell - 01872 323038
  - Launceston - 01566 765720
  - Redruth - 01209 881828
  - Truro - 01872 354350
  - For urgent out of hours mental health requirements contact the CAMHS duty worker via ext:1300

**Approved Mental Health Professionals (AMHP), based within Community Mental Health Teams (CMHT) (8.45am and 5.15pm weekdays)**
- If an AMHP is required to carry out a Mental Health Act Assessment for an adult patient contact the appropriate area CMHT:
  - Caradon - 1579 335226
  - North Cornwall - 01208 251408
  - Restormel - 01726 291212
  - Carrick - 01872 356000
  - North Kerrier - 01209 881888
  - South Kerrier - 01326 435860
  - Penwith - 01736 575555
- If an AMHP is required to carry out a Mental Health Act Assessment for a Child, a patient with Learning Disabilities or an older adult (65 years old or older) contact the Deprivations of Liberties Team on 01872 32289
- Out of working hours (8.45am and 5.15pm) contact the Home Treatment Team for the appropriate area:
  - **East** Bodmin Community Hospital - Telephone: 0845 2303901
  - **West** Longreach House – Telephone: 0845 2303902

**2.2.1.** If you require support with the management and care planning of a mental health patient, or bespoke mental health training or information, you can contact:
Specialist Nurse for Mental Health and Wellbeing via Maxims referrals, ext: 4551 or 07789876247 (8:00-16:00 Monday to Friday) whose responsibilities are to:

- Ensure the Mental Health Act 1983 & Mental Health Amendment Act 2007 is fully adhered to in RCHT
- Support patients with mental health problems to access RCHT and receive investigations and treatments as required. In a way that supports their mental health and offers reasonable adjustments as required.
- Provide specialist mental health support, advice and education to non-psychiatric staff
- Evaluate and develop documentation, addressing the issues of standards of practice, quality of communication, and effective management of care

2.3. **Criteria for Detention under the Mental Health Act**

2.3.2. The patient:
- Must be suffering from mental disorder
- Must be of a nature or degree to warrant detention
- Must be no other viable alternatives
- Must be in the interests of the patients health, safety or protection of others
- Appropriate treatment must be available for all detained patients (with the exception of a Section 5(2) – please see following bullet point)

**For Section 5(2) only;** The Responsible Registered Medical Practitioner, Approved Clinician or nominated deputy considers that the patient should be prevented from discharging themselves (Leaving the Hospital) before an assessment for formal admission under the Mental Health Act can be carried out; because they have reasonable suspicion to believe that the patient is suffering from a mental disorder and if discharged may present a risk to their health or safety or the safety of others.

2.4. **Physical Treatment under the Mental Health Act**
- Mental Health Act does not apply to the detention and treatment of patients for physical illness. For treatment of physical illnesses patients must give valid consent or be treated within the remit of the Mental Capacity Act 2005.
- The Mental Health Act may apply where physical disorder contributes to mental disorder or is otherwise inextricably linked with the mental disorder.

2.5. **Frequently used sections**

2.5.3. **Section 5(2)**
2.5.3.1. Section 5(2) authorises the detention of an in-patient (previously informal) for a maximum of 72 hours to allow time for an application for admission under Section 2 or 3 to be made. The application for admission under a section 2 or 3 should be made as soon as possible following the use of a 5(2).

2.5.3.2. The application for admission is made by an Approved Mental Health Professional (AMHP). The appropriate AMHP should be contacted immediately in the event that a patient is placed on a Section 5(2).

2.5.3.3. The power can only be used by the Registered Medical Practitioner or Approved Clinician in charge of the treatment or their deputy. Only doctors or approved clinicians on the staff of the same hospital can be a nominated deputy, and only one deputy may be nominated. In hours the deputy will be defined by F2 or SpR as decided by the person using the Section. Out of hours the nominated deputy should be the Registrar on Call for medicine.

2.5.3.4. The power cannot be used for an outpatient attending a hospital’s accident and emergency department, or any other outpatient. Patients should not be admitted informally with the sole intention of then using the holding power.

2.5.3.5. Any patient detained under Section 5(2) should be discharged from the order immediately if: -

- An assessment is carried out and a decision is taken not to make an application for a section 2 or 3.
- The Registered Medical Practitioner, Approved Clinician or the deputy who imposed the 5(2) decides that no assessment for admission needs to be carried out.

2.5.3.6. Patients detained under Section 5(2) of the Act are not detained by virtue of an application, and therefore the transfer provisions of Section 19 do not apply.

2.5.3.7. In Care Quality Commission’s opinion, a patient held under Section 5(2) might lawfully be taken to another hospital with their capable consent, although the holding power over that patient will cease once they leave the hospital in which they were initially detained. In the case of an incapable patient, there might be circumstances in which their transfer might be lawful in their best interests under the Mental Capacity Act – for example, in order to allow them to receive physical treatment that is necessary to save their life or prevent serious and/or permanent suffering. However, the Mental Capacity Act may not be used to transfer a patient between hospitals where, being capable, they object to such a course.

2.5.4. Section 2
2.5.4.1. Section 2 of the Mental Health Act allows compulsory admission for assessment, or for assessment followed by medical treatment, for a duration of up to 28 days.

2.5.4.2. Two doctors must examine the patient, either jointly or separately. One of which must be approved under Section 12. OR; Where separate examinations are carried out, no more than five days must have lapsed between the two examinations.

2.5.4.3. Application for detention is made by an Approved Mental Health Professional who is an employee of and warranted by the Local Authority. If 2 medical recommendations are made but no application made the person cannot be lawfully detained under Section 2 of the Mental Health Act.

2.5.4.4. A person can be detained for assessment under section 2 only if both the following criteria apply:
   - the person is suffering from a mental disorder of a nature or degree which warrants their detention in hospital for assessment (or for assessment followed by treatment) for at least a limited period; and
   - the person ought to be so detained in the interests of their own health or safety or with a view to the protection of others.

2.5.5. Section 3

2.5.5.1. Section 3 is similar to section 2, only the detention is for treatment and may be for a duration of up to 6 months, although this can be extended. An application for detention under Section 3 should be made at the earliest opportunity and should not be delayed until the end of the Section 2.

2.5.5.2. Two doctors must examine the patient, either jointly or separately. One of which must be approved under Section 12. OR; Where separate examinations are carried out no more than five days must have lapsed between the two examinations.

2.5.5.3. Application for detention is made by an Approved Mental Health Professional who is an employee of and warranted by the Local Authority. If 2 medical recommendations are made but no application made the person cannot be lawfully detained under Section 3 of the Mental Health Act.

2.5.5.4. A person can be detained for treatment under section 3 only if all the following criteria apply:
   - the person is suffering from a mental disorder of a nature or degree which makes it appropriate for them to receive medical treatment in hospital;
   - it is necessary for the health or safety of the person or for the protection of other persons that they should receive such treatment.
and it cannot be provided unless the patient is detained under this section; and
- appropriate medical treatment is available.

2.5.6. **Section 17 Leave**

2.5.6.1. If a patient is detained within Cornwall Partnership Foundation Trust (CPFT) and they require treatment at RCHT they should have a Section 17 leave of absence form. If the admission is an Emergency, the Section 17 leave of absence should be provided as soon as possible following the admission. If the patient does not have a Section 17 leave of absence form, they are still detained and are not allowed to leave RCHT. The CPFT ward they came from must be contacted and a Section 17 leave of absence form requested.

2.5.6.2. Only the patient’s Responsible Clinician (RC) can grant leave of absence to a patient detained under the Act. In the absence of the usual Responsible Clinician (e.g. if they are on leave), permission can be granted only by the approved clinician who is, for the time being, acting as the patient’s responsible clinician.

2.5.7. **Criteria for admission of mentally disordered persons found in public places – section 136**

2.5.7.1. It appears to a police officer that a person found in a place, to which the public has access, appears to be suffering from mental disorder. **AND;**
Is in immediate need of care or control.

2.5.7.2. A Police Officer may take the person to a Place of Safety to enable the person to be examined by a doctor and interviewed by an Approved Mental Health Professional so that any necessary arrangements may be made for treatment or care.

2.5.7.3. The person may be detained in a Place of Safety for up to 72 hours from the time of his/her arrival, however, once the medical examinations and Approved Mental Health Professionals (AMHP’s) interview has been completed, authority to detain lapses unless further arrangements for treatment or care are being made. A Place of Safety may be a Police Station, Hospital, Mental Health Nursing Home, Residential Home for Mentally Disorder Patients or any other suitable place. The person can be transferred between places of safety.

2.5.8. **Criteria for warrant to search for and remove a patient to a place of a safety – section 135 (1)**

2.5.8.1. The Patient:
1. Is believed to be suffering from mental disorder **AND;**
2. Has been, or is being, ill-treated, neglected or kept otherwise than under proper control.
OR;
3. Is living alone and unable to care from him/herself.

2.5.8.2. The Patient may be detained in a Place of Safety for up to 72 hours from the time of his/her arrival to allow an Application under Part 2 of the Act to be considered. A Place of Safety may be a Hospital, Mental Health Nursing Home, Residential Home for Mentally Disorder Patients, Police station or any other suitable place.

2.5.9. Criteria for warrant to take or retake a patient already subject to detention under the act – section 135 (2)

2.5.9.1. The Patient:
Must be either the subject of a current Application under the Act or has escaped or is absent without leave from a Hospital where he/she was detained under the Act.
AND;
Refuses to be conveyed to Hospital.

2.5.9.2. The patient may be detained in a Place of Safety for up to 72 hours from the time of his/her arrival. In the case of escaped patients or patients absent without leave the Place of Safety should invariably be the Hospital from which they absconded. A Place of Safety may be a Hospital, Mental Health Nursing Home, Residential Home for Mentally Disordered Patients, Police station or any other suitable place.

2.6. Informing the patient of their rights

2.6.10. Detained patients have a legal right under the Mental Health Act 1983 (Section 132) to be informed of their legal situation and rights. There is also a legal duty under Article 5 (2) of the Human Rights Act 1998 to inform a patient of the reasons for their detention.

2.6.11. Section 132 states that detained patients must be provided with the following information as soon as practicable after the commencement of their detention:
• The Section under which they are detained and the implications of that section.
• Rights of appealing against the section to the Hospital Managers and the Tribunal Service.

2.6.12. If a patient is too unwell to be given the required information, or to understand and retain it, further attempts must be made at regular intervals. It should be documented when initial information was provided and when further attempts were made. Information must be given both verbally and in writing.
### 3. Monitoring compliance and effectiveness

| Element to be monitored | • Receipt and scrutiny of MHA documents  
|                         | • Distribution of Patient and Nearest Relative information  
|                         | • Request for discharge by MHA managers and Review Tribunals |
| Lead                    | • Specialist Nurse – Mental Health and Wellbeing |
| Tool                    | • The Checklist for Detention Documents  
|                         | • Patients notes  
|                         | • Receipt of appropriate application forms requesting discharge by MHA Managers and/or Review Tribunal |
| Frequency               | • On receipt of MHA Detention Documents  
|                         | • Intermittent reports to the Safeguarding Adults Operational Group and the Governance Committee  
|                         | • Annual report to Information services – which is then reported on to the Department of Health |
| Reporting arrangements  | • Reports, including identified actions, will be presented to the Safeguarding Adults Operational Group and the Governance Committee, presentation of reports will be included in the meetings minutes.  
|                         | • The Safeguarding Adults Operational Group and the Governance Committee are expected to read and interrogate the report to identify deficiencies in the system and act upon them. |
| Acting on recommendations and Lead(s) | • The Specialist Nurse – Mental Health and Wellbeing, supported by the Safeguarding Adults Operational Group, will undertake recommendations and action planning for deficiencies and recommendations within agreed timeframes. |
| Change in practice and lessons to be shared | • System or practice changes will be implemented via a Mental Health Action plan.  
|                                         | • Lessons learned will be shared with all the relevant stakeholders via previously detailed reporting arrangements, at the Safeguarding Adults Operational Group, via specific Safeguarding and Mental Health Act training and via ‘All User’ e-mail communications. |

### 4. Equality and Diversity

#### 4.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement.

#### 4.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.
Appendix 1. Governance Information

<table>
<thead>
<tr>
<th>Document Title</th>
<th>The Practical Application of the Mental Health Act 1983 &amp; Mental Health Amendment Act 2007 within RCHT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Issued/Approved:</td>
<td>1st February 2016</td>
</tr>
<tr>
<td>Date Valid From:</td>
<td>1st February 2016</td>
</tr>
<tr>
<td>Date for Review:</td>
<td>1st February 2019</td>
</tr>
<tr>
<td>Directorate / Department responsible (author/owner):</td>
<td>Lerryn Hogg Specialist Nurse – Mental Health and Wellbeing</td>
</tr>
<tr>
<td>Contact details:</td>
<td>01872 254551</td>
</tr>
<tr>
<td>Brief summary of contents</td>
<td>This document offers practical guidance on the use of the mental health act within RCHT</td>
</tr>
<tr>
<td>Suggested Keywords:</td>
<td>Safeguarding Adults, Mental Health, Mental illness, Sectioning, Detention, MHA, Child Protection, Safeguarding Children</td>
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<td>Target Audience</td>
<td>RCHT</td>
</tr>
<tr>
<td>Executive Director responsible for Policy:</td>
<td>Director of Nursing</td>
</tr>
<tr>
<td>Date revised:</td>
<td>N/A</td>
</tr>
<tr>
<td>This document replaces (exact title of previous version):</td>
<td>New Document</td>
</tr>
<tr>
<td>Approval route (names of committees)/consultation:</td>
<td>Safeguarding Adults Operational Group</td>
</tr>
<tr>
<td>Divisional Manager confirming approval processes</td>
<td>Corporate Division</td>
</tr>
<tr>
<td>Name and Post Title of additional signatories</td>
<td>Not Required</td>
</tr>
<tr>
<td>Signature of Executive Director giving approval</td>
<td>{Original Copy Signed}</td>
</tr>
<tr>
<td>Publication Location (refer to Policy on Policies – Approvals and Ratification):</td>
<td>Internet &amp; Intranet</td>
</tr>
<tr>
<td>Document Library Folder/Sub Folder</td>
<td>Safeguarding Adults</td>
</tr>
<tr>
<td>Links to key external standards</td>
<td>CQC Outcomes 7, 1, 4, 2, 16</td>
</tr>
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Related Documents:

- Mental Health Act 1983 & Mental Health Amendment Act 2007 Procedures Guidelines & Information
- Mental Capacity Act Advocacy and Deprivation Of Liberty Safeguards Policy
- RCHT Policy and Procedures for the Safeguarding of Vulnerable Adults
- RCHT Procedure for the Safe and Supportive Observations in Adults
- RCHT Record Keeping Policy
- RCHT Consent to Treatment/Examination
- RCHT Restrictive Practice Policy
- RCHT Management of Violence & Aggression Policy

Training Need Identified? No

Version Control Table

<table>
<thead>
<tr>
<th>Date</th>
<th>Version No</th>
<th>Summary of Changes</th>
<th>Changes Made by (Name and Job Title)</th>
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<tr>
<td>13/03/12</td>
<td>V1.0</td>
<td>Initial Issue</td>
<td>Lerryn Hogg Specialist Nurse – Mental Health and Wellbeing</td>
</tr>
<tr>
<td>16/11/12</td>
<td>V1.1</td>
<td>Update to Flowchart on page 11 to include notifying the CQC if a detained patients leaves the hospital grounds without permission (goes AWOL)</td>
<td>Lerryn Hogg Specialist Nurse – Mental Health and Wellbeing</td>
</tr>
<tr>
<td>16/02/16</td>
<td>V1.2</td>
<td>Review due. Updated safe and supportive observation information in line with RCHT policy. Flow chart updated.</td>
<td>Lerryn Hogg Specialist Nurse – Mental Health and Wellbeing</td>
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All or part of this document can be released under the Freedom of Information Act 2000

This document is to be retained for 10 years from the date of expiry.

This document is only valid on the day of printing

Controlled Document
This document has been created following the Royal Cornwall Hospitals NHS Trust Policy on Document Production. It should not be altered in any way without the express permission of the author or their Line Manager.
# Appendix 2. Initial Equality Impact Assessment Screening Form

Name of service, strategy, policy or project (hereafter referred to as *policy*) to be assessed: **The Practical Application of the Mental Health Act 1983 & Mental Health Amendment Act 2007 within RCHT**

<table>
<thead>
<tr>
<th>Directorate and service area:</th>
<th>Is this a new or existing Procedure?</th>
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<tbody>
<tr>
<td>Safeguarding Adults</td>
<td>existing</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of individual completing assessment:</th>
<th>Telephone:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lerryn Hogg</td>
<td>01872 254985</td>
</tr>
</tbody>
</table>

1. **Policy Aim***

To offer practical information to all staff with regards to the admission of a patient who is, or may be, mentally ill.

2. **Policy Objectives***

All staff working in RCHT whose practice is within the remit of this document hold a formal duty of regard to the Mental Health Act 1983, the Mental Health Amendment Act 2007 (MHA) and the Code of practice and will need to take active responsibility for equipping themselves to practice within the law.

3. **Policy – intended Outcomes***

All Staff must be able to explain how they have regard to both the Act and the Code when taking compulsory action to make sure that people with mental disorders get the care and treatment they need for their own health or safety, or for the protection of other people. Ensuring that the necessary criteria have been met before compulsory measures are taken.

4. **How will you measure the outcome?**

By monitoring:
- Receipt and scrutiny of MHA documents
- Distribution of Patient and Nearest Relative information
- Request for discharge by MHA managers and Review Tribunals

5. **Who is intended to benefit from the Policy?**

- All staff working in RCHT whose practice is within the remit of this document
- All patients in RCHT who are, or appear to be, suffering from a mental disorder
- All patients for whom compulsory measures, within the MHA, are taken.

6a. **Is consultation required with the workforce, equality groups, local interest groups etc. around this policy?**

No

b. **If yes, have these groups been consulted?**

N/A

c. **Please list any groups who have been consulted about this procedure.**

N/A
7. The Impact
Please complete the following table.

Are there concerns that the policy **could** have differential impact on:

<table>
<thead>
<tr>
<th>Equality Strands:</th>
<th>Yes</th>
<th>No</th>
<th>Rationale for Assessment / Existing Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>✔</td>
<td></td>
<td>This Policy strengthens and clarifies the Trust’s expectations that the Mental Health Act 1983, the Mental Health Amendment Act 2007 (MHA) and the Code of practice and associated legislation are adhered to and correctly implemented. It aims to ensure that patients who may have a mental disorder are empowered and protected.</td>
</tr>
<tr>
<td>Sex (male, female, transgender / gender reassignment)</td>
<td>✔</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Race / Ethnic communities /groups</td>
<td>✔</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disability - Learning disability, physical disability, sensory impairment and mental health problems</td>
<td>✔</td>
<td></td>
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</tr>
<tr>
<td>Religion / other beliefs</td>
<td>✔</td>
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<td>Marriage and civil partnership</td>
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<td>Pregnancy and maternity</td>
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<tr>
<td>Sexual Orientation, Bisexual, Gay, heterosexual, Lesbian</td>
<td>✔</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

You will need to continue to a full Equality Impact Assessment if the following have been highlighted:
- You have ticked “Yes” in any column above and
- No consultation or evidence of there being consultation - this excludes any policies which have been identified as not requiring consultation. or
- Major service redesign or development

8. Please indicate if a full equality analysis is recommended. | Yes | No |
9. If you are not recommending a Full Impact assessment please explain why.

Signature of policy developer / lead manager / director | Date of completion and submission |

Names and signatures of members carrying out the Screening Assessment 1. 2. 3. 4. 5.

Please sign and date this form.

Keep one copy and send a copy to the Human Rights, Equality and Inclusion Lead, c/o Royal Cornwall Hospitals NHS Trust, Human Resources Department, Knowledge Spa, Truro, Cornwall, TR1 3HD
A summary of the results will be published on the Trust’s web site.

Signed ___________________________

Date ___________________________