



Policy:

NPCS 012 Associate Mental Health Act Managers (AMHAMs)

| | |
|--------------------------------|-----------------------------------|
| Executive Director Lead | Executive Medical Director |
| Policy Owner | Head of Mental Health Legislation |
| Policy Author | Head of Mental Health Legislation |

| | |
|--------------------------------|--|
| Document Type | Policy |
| Document Version Number | V3 |
| Date of Approval By PGG | 25/07/2022 |
| Date of Ratification | 21/09/2022 |
| Ratified By | Mental Health Legislation Committee (MHLC) |
| Date of Issue | August 2022 |
| Date for Review | June 2025 |

Summary of policy

This policy outlines the role and responsibilities of the Associate Mental Health Act Managers (AMHAMs). It sets out the process for recruitment/selection along with how AMHAMs are allocated to individual appeals/reviews. The policy describes the how AMHAMs will be supported and receive ongoing training/support and sets out what is expected from the AMHAM role.

| | |
|------------------------|---|
| Target audience | AMHAMs; All staff caring for detained patients or patients under compulsion in the community. |
|------------------------|---|

| | |
|-----------------|--|
| Keywords | Mental Health Act; Application for discharge from detention/compulsion; renewal/extension of detention/compulsion; MHA section; Community Treatment Order; AMHAM |
|-----------------|--|

Storage & Version Control

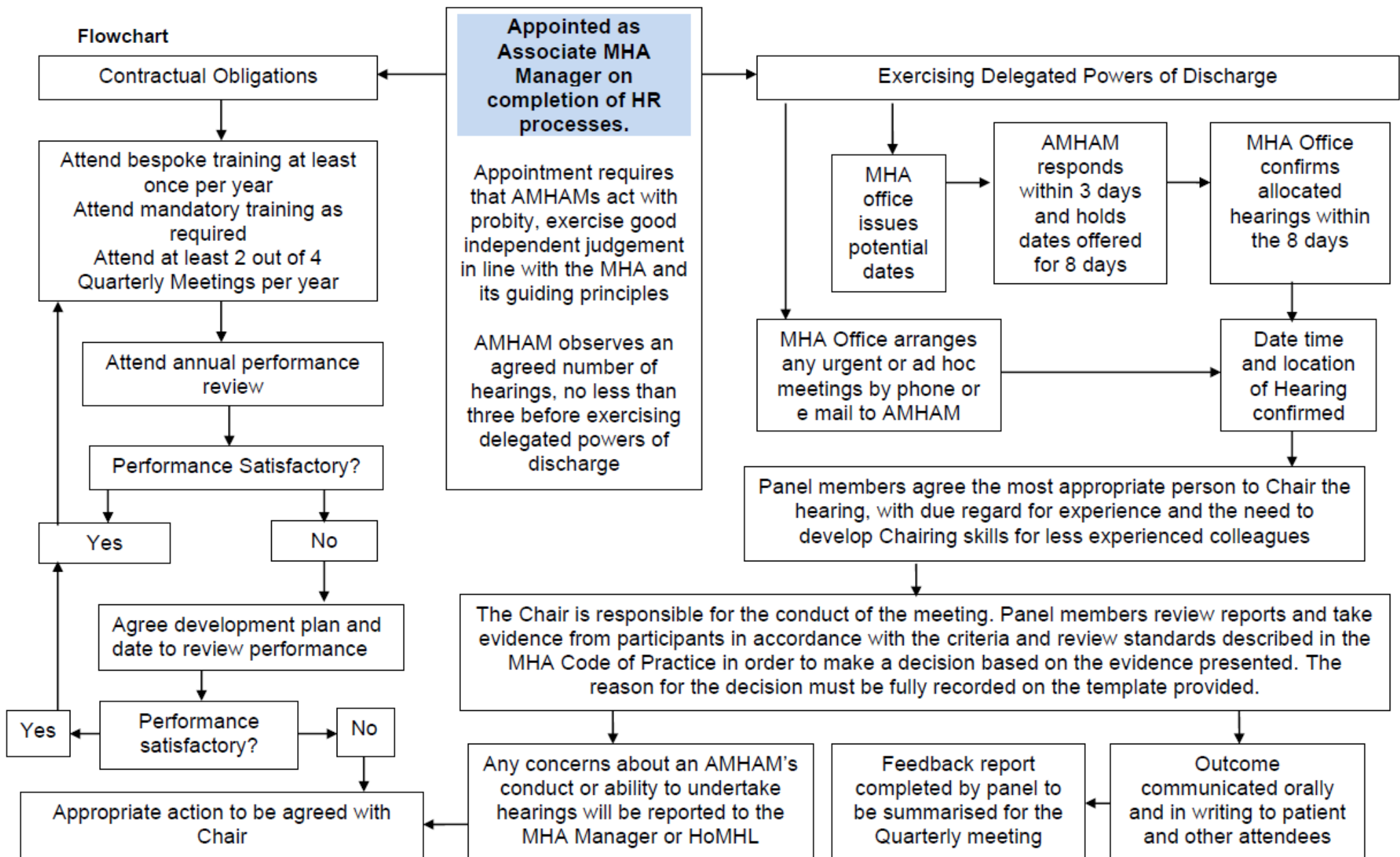
Version 3 of this policy is stored and available through the SHSC intranet/internet. This version of the policy supersedes the previous version (V2 May 2018). Any copies of the previous policy held separately should be destroyed and replaced with this version.

Version Control and Amendment Log

| Version No. | Type of Change | Date | Description of change(s) |
|-------------|--------------------------|------------|---|
| 0.1 | New draft policy created | April 2018 | New policy commissioned by Executive Director of Nursing, Professions and care Standards |
| 3 | Policy update | June 2022 | Responsible Executive Updated Role of Board Chair in respect of operational matters removed. Remuneration table removed – to be managed as a separate Trust document Copy of AMHAM contract removed – to be managed as separate Trust document |
| | | | |

Contents

| Section | | Page |
|----------------|--|-------------|
| | Version Control and Amendment Log | 2 |
| | Flow Chart | 4 |
| 1 | Introduction | 5 |
| 2 | Scope | 5 |
| 3 | Purpose | 5 |
| 4 | Definitions | 5 |
| 5 | Duties | 6 |
| 6 | Procedure | 7 |
| 7 | Development, Consultation and Approval | 13 |
| 8 | Audit, Monitoring and Review | 14 |
| 9 | Implementation Plan | 15 |
| 10 | Dissemination, Storage and Archiving (Control) | 15 |
| 11 | Training and Other Resource Implications | 16 |
| 12 | Links to Other Policies, Standards, References, Legislation and National Guidance | 16 |
| 14 | Contact details | 16 |
| | APPENDICES | |
| | Appendix A – Equality Impact Assessment Process and Record for Written Policies | 17 |
| | Appendix B – New/Reviewed Policy Checklist | 19 |



1 Introduction

Sheffield Health and Social Care NHS Trusts Foundation Trust (SHSC) is itself defined as the 'hospital managers' for the purposes of the Mental Health Act 1983 (MHA), see Mental Health Act Code of Practice (2015), Chapter 37.2. (Hereafter: MHACoP).

Hospital managers have the authority to detain patients under the MHA and Section 23 of the MHA gives the Hospital Managers the power to discharge patients from detention in hospital under certain sections of the MHA and from compulsory powers in the community under a Community Treatment Order (CTO).

In SHSC, this power of discharge is delegated to a panel made up of people appointed specifically for the purpose who are not officers or employees of the Trust: these individuals are known as Associate Mental Health Act Managers (AMHAMs). Panels must include at least 3 AMHAMs, and at least 3 members of a panel must agree to the discharge of a patient from detention in hospital or compulsion in the community (ie a 3-person panel must be unanimous).

AMHAMs operate independently of the Trust. The payment of a fee for serving on a panel does not constitute employment. (MHA Code of Practice Ch 38.6)

This policy describes the relationship between the Trust and its AMHAMs

2 Scope

This is a Trust-wide policy and applies to AMHAMs' role and duties in respect of the discharge from detention/compulsion of all patients detained under the MHA (with the exception of sections 35, 36 & 38) and all patients subject to a Community Treatment Order (CTO)

3 Purpose

The purpose of this policy is to ensure that those appointed by the Trust as AMHAMs will gain appropriate competencies and act lawfully in accordance with the principles set out in the Act's Code of Practice.

4 Definitions

Mental Disorder - Any disorder or disability of the mind or brain

Mental Health Act 1983 (MHA) - The legislative regime which permits the compulsory detention and treatment of patients for mental disorder (sometimes referred to as being 'sectioned') and for them to remain under compulsion in the community under a Community Treatment Order (CTO) following a period of detention

Mental Health Act Code of Practice – Statutory Guidance for carrying out functions under the MHA in practice. The AMHAMs' delegated powers of discharge are described in this document

Approved Clinician (AC) – A person approved by the Secretary of State to act as an approved clinician for the purposes of the MHA. The Secretary of State establishes the criteria for approval

Responsible Clinician (RC) – The AC responsible for the patient during a period of detention in hospital or compulsion in the community. A patient subject to the MHA must have an RC

Renewal of Detention/Extension of CTO – the process whereby the RC is able to continuing a period of detention/compulsion as the end of each permitted period of detention/compulsion approaches

Mental Capacity Act 2005 (MCA) – The legislative regime which (other than the treatment of mental disorder of those detained under the MHA) ensures that the right of adults to make autonomous decisions, both currently and in advance, is upheld, that these decisions are respected and that any decision made for or on behalf of a person lacking capacity because of an impairment of, or a disturbance in the functioning of, the mind or brain is made in accordance with the statutory principles of the MCA.

AMHAM Panel – A panel of at least 3 AMHAMs with delegated power (subject to at least 3 AMHAMs being in agreement) to discharge a patient from detention/compulsion under the MHA

5 Duties

The Trust Board. The Board is responsible for ensuring that the MHA is used lawfully and fairly, in accordance with the principles of the MHA Code of Practice (2015), including the exercise of the power of discharge delegated to the AMHAMs.

The Board retains responsibility for the performance of all of its delegated functions, and for ensuring that the people appointed as AMHAMs properly understand their role and the working of the MHA. The Board should ensure that people appointed as AMHAMs receive suitable training to understand the law, to work with patients and professionals, to be able to reach sound judgements and to properly record their decisions.

The Chair of the Board of Directors. The Chair is responsible for bringing significant issues directly to the attention of the Board, and for ensuring that the AMHAMs' duties are understood and acknowledged by the Board.

The Chief Executive is responsible for ensuring that the Trust has policies in place to direct and oversee the Mental Health Act and for ensuring that it complies with its legal and regulatory obligations.

The Executive Director with Lead Responsibility for the MHA. The Lead Executive for the Mental Health Act will ensure that the AMHAMs have the resources to be able to carry out their duties and that systems and processes are in place to comply with the MHA, its Code of Practice and Trust policies

The Head of Mental Health Legislation (HoMHL). In collaboration with the Mental Health Act Manager, the HoMHL will ensure that AMHAMs have appropriate advice and support for hearings, that bi-annual training is provided to meet any training

needs identified by the process of AMHAM appraisal, and that Peer Support sessions are provided at a frequency agreed with the AMHAMs.

The HoMHL will ensure that a quarterly report is submitted to the Mental Health Legislation Committee on the AMHAMs' behalf.

The Mental Health Legislation Administration Manager. In collaboration with the HoMHL, is responsible for planning and booking the Quarterly AMHAM meetings and for coordinating any actions emanating from the meetings.

The Mental Health Legislation Administration Manager, with oversight from the Human Resources department in respect of the necessary pre-appointment checks etc, is responsible for recruiting AMHAMs and for ensuring that their annual appraisals are undertaken.

The Mental Health Act Office is responsible for the timely circulation of the available dates for hearings, for the timely booking (or cancellation) of AMHAM panels, and for timely response to AMHAM claims for the reimbursement of expenses

The Mental Health Act Office is responsible for organising the panels in a fair manner and for ensuring that reports are provided in advance of hearings, giving as much time as practicable for their consideration before a hearing

The AMHAMs are responsible for timely response to the dates offered for hearings, for attending the hearings they are booked to attend (or timely withdrawal of availability),

AMHAMs have a duty to consider patient applications for discharge from detention or CTO, or the appropriateness of renewal of detention or extension of CTO, or the appropriateness of the barring of a Nearest Relative's order to discharge a patient.

AMHAMs have a duty to agree with fellow panel members the most appropriate person to Chair the hearing and to complete the necessary documentation to a satisfactory standard, including recording cogent reasons for the decision

AMHAMs are responsible for the timely submission of expenses claims, for attending at least 2 of the 4 quarterly meetings per year and for attending at least one of the bi-annual training sessions provided.

AMHAMs are responsible for discharging their duties as determined by the MHA and its Code of Practice, including applying fair and reasonable procedures, not making irrational decisions and acting lawfully.

AMHAMs are responsible for attending their own annual appraisal, and for conducting the annual appraisal of AMHAM colleagues (if appropriate).

6. Process

Associate Mental Health Act Managers (AMHAMs)

The Trust has appointed a group of AMHAMs to act as Panel members for the purposes of Sections 20, 20A (5) and 23 (4) of the Mental Health Act 1983. Under these provisions they

will conduct, as a Panel, Reviews of detention and those on Supervised Community Treatment Orders (SCTO).

AMHAMs are not employees, but are appointed by the Trust to act with probity, and to exercise good independent judgement in line with the MHA and its guiding principles and

Appointment of AMHAMs

The Trust will consider all expressions of interest in becoming an AMHAM, based on the submission of a CV and a covering letter, and will seek actively to recruit individuals from as broad a variety of background, ethnicity, gender, disability, experience etc. as possible. No formal qualification or experience is necessary. Relevant professional or life experience will be helpful, but an interest in, and empathic approach to, the rights, care and treatment of people detained or under compulsion under the MHA is essential.

Informal interviews will be conducted periodically by the MHA manager and the HoMHL, and the appointment of successful candidates will be managed by the HR department (including all the necessary pre-employment checks)

Appointment as an AMHAM will be for a term of four years, and further periods of four years thereafter. There will be an annual review meeting to discuss performance within the role.

Induction and commitments

AMHAMs will observe an agreed number of hearings (depending on prior experience) before participating in hearings. This will be a minimum of 3.

AMHAMs will attend mandatory training as agreed within 6 months of appointment

AMHAMs will undergo an annual performance review

AMHAMs are expected to attend at least 2 of the 4 Quarterly meetings per year.

AMHAMs are expected to attend at least 1 of the 2 training sessions provided per year. Any impact on competence resulting from failure to attend training will be reviewed by the Mental Health Legislation Administration Manager and /or the Head of Mental Health Legislation, and appropriate action will be taken in agreement with the Chair.

Attendance at Peer Support sessions is not obligatory

Performance review, development and training

Each AMHAM will receive an annual appraisal/performance review undertaken by a suitably experienced and knowledgeable peer. This will include establishing the training needs of the reviewee

Performance reviews will focus on AMHAMs' ability to:

- understand the law
- work with patients and professionals
- work with appropriate empathy and professionalism
- understand, retain and consider objectively complex information and different professional and personal perspectives on the patient's detention
- reach sound judgements

- properly record their decisions

Training will be provided twice per year. The content will reflect the of AMHAMs training needs, as indicated by the aggregated results of the annual performance reviews and by issues raised at Quarterly meetings and/or Peer Support sessions. As a minimum, there will be a twice-yearly update on:

- Mental Health Law including the Mental Capacity Act 2005
- Information on the role of the Associate Mental Health Act Manager under the Code of Practice and the Mental Health Act.
- Documenting appropriately the decision and the process of decision making .

Any issues of competence coming to light through the performance review process, or by other means, will be brought to the attention of the Mental Health Legislation Administration Manager and /or the Head of Mental Health Legislation, and appropriate action will be taken in agreement with the Chair.

In addition to their annual performance review, AMHAMs' suitability to continue in the role will be reviewed on a 2-yearly basis by the Mental Health Legislation Administration Manager and the Head of Mental Health Legislation.

Hearings – number of hearings

The Trust is not obliged to provide AMHAMs with opportunities to participate in AMHAM panels, such opportunities will only be offered as and when the Trust has a suitable requirement.

Equally, when an AMHAM is offered an opportunity by the Trust, he or she may accept it or refuse it as the case may be at any time. However, having accepted an opportunity, the AMHAM is responsible for carrying out the assignment

In order to retain an appropriate level of expertise, AMHAMs are expected to undertake at least ten hearings per year, subject to the Trust providing sufficient opportunities.

Hearings – allocation procedure

The list of available dates for hearings will be distributed to AMHAMs on a monthly basis, by email, with a request for a response within calendar 3 days.

There is an expectation that any dates offered by an AMHAM will be held by the AMHAM for 8 calendar days. During this 8-day period, confirmed dates for hearings will be sent by e mail

Wherever possible any ad-hoc dates will be arranged in the manner described above however, should time constraints not allow this, the arrangement may be made by phone

Hearings – cancellation

If a hearing is cancelled AMHAMs will be informed by email as soon as the MHA Office is notified of the cancellation.

If the hearing is cancelled with 24-hours' notice or less, the AMHAM will be entitled to claim for 1 hour's remuneration

If exceptional, unforeseen circumstances prevent an AMHAM from attending a hearing in which s/he has agreed to participate, the AMHAM must notify the Mental Health Act Office as soon as possible to allow a replacement to be found.

If such cancellation occurs less than 48 hours before the scheduled start of a hearing, the MHA Office **must** be notified by telephone.

In the event that an AMHAM cannot attend a planned hearing and is **not able to give at least 48 hours' notice** to the Mental Health Act Office, or for any reason cannot speak directly to MHA Office staff (eg the notification is outside office hours) the AMHAM **must not rely on leaving a voice-mail or e mail message with the MHA office.**

The AMHAM is responsible for:

- arranging attendance by a fellow AMHAM, **or**
- informing the remaining panel members that the hearing cannot proceed **and**
- informing the MHA office by e mail or by direct telephone conversation (not by leaving a message) of the arrangements/cancellation

If the hearing is cancelled with 24-hours' notice or less owing to the inability of one or more AMHAMs to attend, only the AMHAM or AMHAMs who remained available to attend will be entitled to claim for 1 hour's remuneration

In the event that it is not possible to undertake a booked hearing because of the non-attendance without notice of an AMHAM, the AMHAM or AMHAMs who did attend will be remunerated as if the hearing did occur (ie 4hours' remuneration plus travel expenses)

Non-attendance without notice may lead to the suspension of the AMHAM from hearings for a period or (in the event that the AMHAM repeatedly fails to attend for booked hearings) to termination of their services

The arrangements detailed above apply to inability to attend owing to adverse weather conditions

Hearings – chairing review panels

Chairing should not occur by default.

All AMHAMs are expected to develop through participation, reflection and experience, the necessary skills to Chair panels

The panel members will agree the most appropriate person to Chair the hearing

An experienced Chair is expected to support fellow AMHAMs to develop Chairing skills, and less experienced panel members are expected to take any appropriate opportunity to develop their skills, in order that Chairing duties can be equitably offered and taken.

The Chair of the Panel is responsible for the quality of the process, i.e. ensuring that review standards as described in the MHA Code of Practice are adhered to, that decisions made are achieved through thoughtful reflection on the evidence provided, and that written report addressing all the required criteria is produced

Any concerns about a colleague's performance or conduct during a hearing should be addressed at the time with the individual where this is appropriate. If this is not appropriate, the concerns should be reported by the Chair or panel member to the Mental Health Legislation Administration Manager or the Head of MH Legislation as soon as practicable, and appropriate action will be taken.

Hearings – Exercising delegated powers of discharge

The panel will consider patient applications for discharge from detention or CTO, or the appropriateness of renewal of detention or extension of CTO, or the appropriateness of the barring of a Nearest Relative's order to discharge a patient.

These reviews will follow the process laid out by the MHA Code of Practice in respect of:

- the criteria to be applied
- the procedure for reviewing detention or Community Treatment Order (CTO)
- the conduct of reviews where detention or CTO is contested
- the conduct of reviews where renewal of detention or extension of CTO is not contested

Hearings – decisions and recording

There is a common law duty to give reasons for the outcome of panel decisions

The decision of the panel and the reasons for the decision will be fully recorded at the end of the review on the template provided in sufficient detail to meet the common law duty

The decision will be communicated by the AMHAMs both orally and in writing to the patient, their representative, the professionals concerned and the nearest relative and/or carer (if relevant)

If the patient is not to be discharged, where practicable and safe, at least one member of the panel should explain the decision and the reasons for it in person to the patient

Hearings – feedback

The AMHAMs will complete a feedback report in respect of each hearing (including the reports and oral evidence) on the form provided. The AMHAMs will present a summary report of this feedback to the Quarterly meeting; any feedback (positive or negative) that relates to an individual staff member will be reported immediately to the individual involved and their line manager

Feedback on AMHAMs' conduct and performance is encouraged from patients, carers, panel members themselves, Trust staff and any other attendee at a hearing. This can be by Trust Fast-track form (for patients or carers) or by other attendees contacting the Mental Health Legislation Administration Manager. The Chair should remind patients and carers of the Fast-track system at the conclusion of the hearing.

Where this feedback might cast doubt on an AMHAM's ability to carry out the role in a professional and appropriate manner, the Mental Health Legislation Administration Manager or the Head of MH Legislation will agree any appropriate action, see 6.13 below.

Confidentiality and other Trust policies

AMHAMs are required to maintain complete confidentiality about information related to patient care, members of staff, and where required, the Trust's working practices, policies and procedures.

All information that is, or has been acquired by an AMHAM during the fulfilment of the role, or otherwise acquired by the AMHAM in confidence and/or which has not been made public by must be treated as confidential and shall not at any time be disclosed by an AMHAM whether before or after termination of appointment as AMHAM without the organisation's written consent.

AMHAMs are to exercise reasonable care to keep safe all documentary or other material containing confidential information. All documentation including patient reports must be returned to the Mental Health Act Office for disposal following each Hearing.

Disciplinary, disciplinary appeal and grievance procedures

There are no formal disciplinary, disciplinary appeal or grievance procedures applicable to AMHAMs. However, if the AMHAM's conduct or performance give cause for concern or gives rise to dissatisfaction with patients, service users or staff of the organisation, the AMHAM will be invited to discuss the issue and will have every opportunity to respond to any concerns raised.

The Trust will endeavour to work with AMHAMs in a supportive and developmental manner to facilitate improvements. However, the AMHAM may be requested not to undertake further assignments for a period of time or may be given a letter of dissatisfaction with agreed objectives to address the matter.

In the event of serious concerns, or the failure to address concerns raised about conduct or performance, the AMHAM's services may be terminated.

Expenses / Remuneration

Appointment as an AMHAM does not attract a salary. Remuneration takes the form of an 'attendance allowance' and agreed travel expenses. There will be no remuneration due during periods when no work is provided. The claiming of expenses is optional

Claims for remuneration of the attendance allowance and any travel expenses must be submitted as soon as possible.

Claims submitted more than 3 calendar months after duties have been undertaken will not normally be paid

Remuneration and expenses incurred will be reimbursed by BACS transfer, and taxed at source.

Remuneration and travel expense rates are set out in a separate document. The Trust reserves the right to review remuneration at its discretion.

Periodically, the Trust may request AMHAMs to become involved with project work, or similar activities for the Trust. The parameters of such work will be defined by Mental Health Act

Office Manager and/or Head of Mental Health Legislation as appropriate. Such sessions will receive payment as agreed in writing between the Trust and the AMHAM

7. Development, Consultation and Approval

This initial guidance was developed by the former Mental Health Legislation Committee (now Mental Health Legislation Operational Group) in line with the requirements of the Mental Health Act 1983 (as amended) and its Code of Practice (2015).

Associate Mental Health Act Managers have been asked for feedback in respect of this policy.

8. Audit, Monitoring and Review

Audit & monitoring of this guidance will be through the Mental Health Legislation Operational Group.

| Monitoring Compliance Template | | | | | | |
|--|---------------------------|--|-------------------------|---|---|--|
| Minimum Requirement | Process for Monitoring | Responsible Individual/group/committee | Frequency of Monitoring | Review of Results process (e.g. who does this?) | Responsible Individual/group/committee for action plan development | Responsible Individual/group/committee for action plan monitoring and implementation |
| A) All AMHAMs will meet the contractual obligations described in this policy | Annual performance review | AMHAMs Quarterly Review Meetings | Annual | Head of Mental Health Legislation | Mental Health Legislation Administration Manager; Head of Mental Health Legislation | Mental Health Legislation Operational Group |
| B) All AMHAMs will exercise their delegated powers in accordance with the MHA and its Code of Practice | | | | | | |

The policy review date is June 2025.

9. Implementation Plan

| Action / Task | Responsible Person | Deadline | Progress update |
|---|-----------------------------------|-----------------|------------------------|
| Mental Health Legislation Operational Group to be notified so members can disseminate | Head of Mental Health Legislation | | |
| AMHAMs to be made aware of policy refresh | Head of Mental Health Legislation | End July 2022 | |

10. Dissemination, Storage and Archiving (Control)

This guidance replaces the previous version (v2) on SHSC Intranet and Intranet. The previous policy will be removed from the Trust website by the Policy Governance Team/Communications team

| Version | Date added to intranet | Date added to internet | Date of inclusion in Connect | Any other promotion/ dissemination (include dates) |
|----------------|-------------------------------|-------------------------------|-------------------------------------|---|
| 1.0 | | | | |
| 2.0 | | | | |
| 3.0 | August 2022 | August 2022 | August 2022 | |
| | | | | |
| | | | | |

11 Training and Other Resource Implications

No specific training is required in relation to this policy.

The revised policy will be circulated to AMHAMs and a copy will be provided to all new AMHAMs as part of their induction.

12 Links to Other Policies, Standards (Associated Documents)

Mental Health Act 1983
Mental Health Act Code of Practice 2015
Mental Capacity Act 2005
Mental Capacity Act Code of Practice 2008
Human Rights Act 1998
MHA Equality and Human Rights Policy
MHA Section 23 Hospital managers Review of Detention Policy

13 Contact Details

| <i>Title</i> | <i>Name</i> | <i>Phone</i> | <i>Email</i> |
|-----------------------------------|--------------------|---------------------|-----------------------------|
| Executive Medical Director | Dr Mike Hunter | | Mike.hunter@shsc.nhs.uk |
| Mental Health Act Office Manager | Mike Haywood | 0114 27 18102 | mike.haywood@shsc.nhs.uk |
| Head of Mental Health Legislation | Jamie Middleton | 0114 2718110 | jamie.middleton@shsc.nhs.uk |

Appendix A

Equality Impact Assessment Process and Record for Written Policies

Stage 1 – Relevance - Is the policy potentially relevant to equality i.e. will this policy potentially impact on staff, patients or the public? This should be considered as part of the Case of Need for new policies.

NO – No further action is required – please sign and date the following statement.
I confirm that this policy does not impact on staff, patients or the public.

I confirm that this policy does not impact on staff, patients or the public.

Name/Date: Jamie Middleton, June 2022

YES, Go to Stage 2

Stage 2 Policy Screening and Drafting Policy - Public authorities are legally required to have 'due regard' to eliminating discrimination, advancing equal opportunity and fostering good relations in relation to people who share certain 'protected characteristics' and those that do not. The following table should be used to consider this and inform changes to the policy (indicate yes/no/ don't know and note reasons). Please see the SHSC Guidance and Flow Chart.

Stage 3 – Policy Revision - Make amendments to the policy or identify any remedial action required and record any action planned in the policy implementation plan section

| SCREENING RECORD | Does any aspect of this policy or potentially discriminate against this group? | Can equality of opportunity for this group be improved through this policy or changes to this policy? | Can this policy be amended so that it works to enhance relations between people in this group and people not in this group? |
|-------------------------|--|---|---|
| Age | No | No | No |
| Disability | No | No | No |
| Gender Reassignment | No | No | No |
| Pregnancy and Maternity | No | No | No |

| | | | |
|--------------------------------------|-----------|-----------|-----------|
| Race | No | No | No |
| Religion or Belief | No | No | No |
| Sex | No | No | No |
| Sexual Orientation | No | No | No |
| Marriage or Civil Partnership | No | | |

No changes made.

| |
|---|
| Impact Assessment Completed by: Jamie S Middleton Name /Date June 2022 |
|---|

Appendix B

Review/New Policy Checklist

This checklist to be used as part of the development or review of a policy and presented to the Policy Governance Group (PGG) with the revised policy.

| | | Tick to confirm |
|---|---|-----------------|
| Engagement | | |
| 1. | Is the Executive Lead sighted on the development/review of the policy? | ✓ |
| 2. | Is the local Policy Champion member sighted on the development/review of the policy? | X |
| Development and Consultation | | |
| 3. | If the policy is a new policy, has the development of the policy been approved through the Case for Need approval process? | N/A |
| 4. | Is there evidence of consultation with all relevant services, partners and other relevant bodies? | ✓ |
| 5. | Has the policy been discussed and agreed by the local governance groups? | ✓ |
| 6. | Have any relevant recommendations from Internal Audit or other relevant bodies been taken into account in preparing the policy? | N/A |
| Template Compliance | | |
| 7. | Has the version control/storage section been updated? | ✓ |
| 8. | Is the policy title clear and unambiguous? | ✓ |
| 9. | Is the policy in Arial font 12? | ✓ |
| 10. | Have page numbers been inserted? | ✓ |
| 11. | Has the policy been quality checked for spelling errors, links, accuracy? | ✓ |
| Policy Content | | |
| 12. | Is the purpose of the policy clear? | ✓ |
| 13. | Does the policy comply with requirements of the CQC or other relevant bodies? (where appropriate) | ✓ |
| 14. | Does the policy reflect changes as a result of lessons identified from incidents, complaints, near misses, etc.? | N/A |
| 15. | Where appropriate, does the policy contain a list of definitions of terms used? | ✓ |
| 16. | Does the policy include any references to other associated policies and key documents? | ✓ |
| 17. | Has the EIA Form been completed (Appendix 1)? | ✓ |
| Dissemination, Implementation, Review and Audit Compliance | | |
| 18. | Does the dissemination plan identify how the policy will be implemented? | ✓ |
| 19. | Does the dissemination plan include the necessary training/support to ensure compliance? | ✓ |
| 20. | Is there a plan to i. review ii. audit compliance with the document? | ✓ |
| 21. | Is the review date identified, and is it appropriate and justifiable? | ✓ |