Procedure for the receipt and scrutiny of Section papers
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1. **INTRODUCTION**

Individual practitioners have a duty to ensure that section papers, which are legal documents, are correct, as invalid papers may ultimately constitute not only an illegal detention but also a infringement of a person’s human rights.

The responsibility for the acceptance of detention papers is a duty which is delegated by the Hospital Managers to the Nurse in Charge of the ward at the time of a patient’s admission.

All qualified staff must have had mandatory training on the Mental Health Act 1983 which includes receipt and scrutiny of section papers.

2. **PURPOSE**

The purpose of this procedure is to:

- Provide clinical staff with a clear framework in which to receipt and scrutinise the legal documents
- Provide a consistent approach across the Clinical Directorates in the receipt and scrutiny of documents
- Detail the responsibilities and duties of staff in relation to receipt and scrutiny
- State what training is available to staff in relation to the receipt and scrutiny
- Detail what arrangements the Trust has in place to monitor compliance with the legal requirements

3. **SCOPE**

The contents of this procedure apply to all clinical staff that work within the Trust across the Mental Health, Learning Disability and Forensic Clinical Directorates.

4. **RESPONSIBILITIES, ACCOUNTABILITIES AND DUTIES**

4.1 **Mental Health Legislation Committee**

The Trust’s Mental Health Legislation Committee is responsible for:

- Overseeing the implementation of the Act within the organisation.
- The review and issuing of all policies and procedures which relate to the Act.
- Monitoring the Trust’s compliance with the legal requirements of the Act.
- Undertaking audit work and agreeing action plans in relation to the Act.
- Providing an annual report on Mental Health Act activity within the Trust to the Board of Directors.

4.2 **Hospital Managers**

For the purposes of the Mental Health Act the term “Hospital Managers”, refers to the Trust, and the Board of Directors has ultimate responsibility for the work of the Trust. However most of the work associated with the Mental Health Act is delegated through managers to officers/employees of the Trust.

Some of these powers cannot be delegated and these are undertaken by the Trust’s Non-Executive Directors, acting in their role as Hospital Managers. In these cases the Trust has arranged for these responsibilities to be carried out by a panel made up of Non-Executive Directors and individuals specifically appointed and authorised for the purpose of acting as Hospital Managers (i.e. Trust Associate Managers).
The receipt and scrutiny of section papers, can be delegated by the hospital managers but in delegating this responsibility they must be satisfied that:

- The member of staff has received sufficient guidance and is aware of the key issues regarding the receipt and scrutiny of section papers.
- A record is kept, including when and by who receipt and scrutiny was undertaken.
- There are processes in place to monitor the receipt and scrutiny of documentation.

### 4.3 Registered Mental Health, Learning Disability and Forensic Clinical Staff within Inpatient services

In relation to this procedure all registered clinical staff must be aware of and comply with the contents of this procedure by ensuring:

- General checks are undertaken on all section papers
- Specific checks are undertaken on all section papers for section 2, 3 and 4
- That invalid detention papers are identified and action taken to either notify their line manager or highlight the amendment required
- That the receipt of section papers is appropriately documented by completion of the Nursing Section paper checklist (Appendix One).

Registered Clinical staff should also:

- Attend any training which is provided in relation to this procedure.
- Complete all the necessary documentation required.
- Implement any action plans which arise from the audit of this procedure.

### 4.4 Mental Health Act Office staff

Within each of the Trust localities where inpatient services are provided there is a Mental Health Act office. In relation to this procedure the staff working in these offices is responsible for:

- Undertaking an administrative scrutiny check of all section papers and ensuring that they are legal and that this scrutiny check is documented by completion of the Administrative Section paper checklist (Appendix Two).
- Taking immediate action if papers are found to be invalid and notifying the appropriate clinical staff and managers
- Ensuring that any errors found are amended within the 14 day time frame
- Ensuring that the second administrative scrutiny check is undertaken by the Modern Matron
- Ensuring that the medical scrutiny is undertaken
- Ensuring there is ongoing monitoring of the receipt and scrutiny of documents and highlighting any areas of concern

### 5. PROCEDURE / IMPLEMENTATION

#### 5.1 General Checks for all Sections

Only the original Section papers can be accepted and these must be:

- On the official pink/white forms or in the case of service users detained by the courts, the white court approved documents.
- Papers must correspond to the section under which the patient is to be detained.
- Must be handwritten (preferably in black ink).
- Must be fully completed.
- The patient’s name and address must be exactly the same on all documents
- All documents **MUST** be signed, dated and timed, where appropriate.
- There must be an explanation on the form as to why informal admission is not
5.2 Specific checks

Section 4

- The time at which the applicant last saw the patient must be within 24 hours of the time of the application.
- The patient’s admission to hospital must take place within 24 hours of the time of the application/recommendation (whichever is earlier).

Section 2 and 3

- There should be no more than 5 clear days between the dates of the medical examination (Forms A4 for Section 2 and Forms A8 for Section 3).

NB: THIS IS NOT THE DATE OF THE RECOMMENDATIONS THEMSELVES BUT THE DATE OF EXAMINATION OF THE PATIENT

- One of the medical practitioners should be approved as having special experience in the diagnosis or treatment of mental disorder (Section 12 Approved).
- One of the medical recommendations should come from a practitioner who had previous acquaintance with the patient.
- Only one of the medical recommendations can come from a medical practitioner from the Hospital where the patient is to be detained.
- If neither of the medical practitioners had previous acquaintance with the patient there must be an explanation as to why on the application.
- The date on which the applicant saw the patient must be within 14 days of the date of the application (Form A1 or A2 for Section 2, Form A5 or A6 for Section 3).
- For Section 3 only, the medical practitioners must have stated where appropriate treatment can be provided.

5.3 Errors which can not be rectified and would therefore render the detention invalid

- Completion of wrong Section papers
- If any of the Section papers have not been signed
- If the medical examinations are more than 5 days apart (for Section 2 and 3)
- If the application has been dated and signed before the medical recommendation

5.4 Action if the detention papers are invalid

- Notify the patient’s Responsible Clinician
- Notify line manager
- Notify the MHA Office
- Ascertain if patient is willing to stay as an informal patient
- Consider detention under Section 5 of the Act

5.5 Errors which may be amended

- Any blank spaces which should have been filled in (other than signature)
- Failure to delete one or more alternatives in places where only one can be correct
- Spelling errors

5.6 Action to be taken
Attach a post-it-note outlining the error and forward it to the MHA Office who will arrange for amendments to be made within the designated 14 day time frame

**IF IN DOUBT, SEEK ADVICE FROM YOUR LINE MANAGER OR THE ON-CALL MANAGER IF OUTSIDE NORMAL WORKING HOURS**

5.7 Once the legality of the detention documents has been established

Staff should complete the Form H3 to formally receipt and accept the detention on behalf of hospital managers (see Appendix Three for guidance on completion of the H3).

5.8 **Action to be taken by the MHA Administrator**

On receipt of the Section papers by the MHA Office they will:

- Undertake an administrative scrutiny check of all section papers ensuring that they are legal
- Take immediate action if papers are found to be invalid and notify the appropriate clinical staff and managers
- Ensure that any errors found are amended within the 14 day time frame
- Sign and date the Administrative Scrutiny Form following scrutiny
- Ensure there is ongoing monitoring of the receipt and scrutiny of documents and highlight any areas of concern

5.9 **Action to be taken by the Modern Matron**

On receipt of the Section papers from the MHA Office the Modern Matron will:

- Ensure that the second administrative scrutiny check is undertaken
- Highlight any errors or omissions as necessary
- Sign and date the Administrative Scrutiny Form

5.10 **Action to be taken by the Doctor responsible for Medical Scrutiny**

On receipt of the Section papers from the MHA Office the Doctor responsible for Medical Scrutiny will:

- Ensure that the medical scrutiny is undertaken by ensuring that the Medical Recommendations and opinions contain valid reasons for detention
- Highlight any errors or omissions as necessary
- Highlight any concerns regarding clinical practice
- Sign and date the Medical Scrutiny Form

6. **TRAINING IMPLICATIONS**

There are no separate identified training needs in respect of the contents of this policy as an explanation of receipt and scrutiny is included in the Trust Mental Health Act training.

The clinical staff will also be made aware of the review and reissuing of the policy in the following ways:

- Review and reissue of the policy to be included in the Trust Weekly News bulletin.
- Local induction for inpatient clinical staff.
- Copy of the policy will be issued on the Trust intranet.
7. **MONITORING ARRANGEMENTS**

<table>
<thead>
<tr>
<th>Area for Monitoring</th>
<th>How</th>
<th>Who by</th>
<th>Reported to</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compliance with the standards set out in this procedure and the requirements of the Mental Health Act 1983 in respect of detained service users</td>
<td>Administrative and Medical Scrutiny Forms</td>
<td>MHA Administrator</td>
<td>Local MH Legislation Monitoring Group</td>
<td>Monitoring takes place on a daily basis with exception reporting on a monthly basis</td>
</tr>
<tr>
<td>Monitoring of compliance against the procedure</td>
<td>Compliance Audits</td>
<td>MHA Manager / Operational Services Manager</td>
<td>Mental Health Legislation Committee</td>
<td>To be agreed by the MHLC as part of the audit compliance schedule</td>
</tr>
</tbody>
</table>

8. **EQUALITY IMPACT ASSESSMENT SCREENING**

The completed Equality Impact Assessment for this Policy has been published on the Equality and Diversity webpage of the RDaSH website [click here](#).

8.1 **Privacy, Dignity and Respect**

| The NHS Constitution states that all patients should feel that their privacy and dignity are respected while they are in hospital. High Quality Care for All (2008), Lord Darzi’s review of the NHS, identifies the need to organise care around the individual, ‘not just clinically but in terms of dignity and respect’. As a consequence the Trust is required to articulate its intent to deliver care with privacy and dignity that treats all service users with respect. Therefore, all procedural documents will be considered, if relevant, to reflect the requirement to treat everyone with privacy, dignity and respect, (when appropriate this should also include how same sex accommodation is provided). | Indicate how this will be met | No issues in respect of the privacy, dignity and respect of patients have been identified during the development of this procedure. |
9. REFERENCES

10. Appendices

Appendix One- Mental Health Act 1983 - Nursing Section Paper Checklist

Appendix Two - Mental Health Act 1983 – MHA Administrator section paper checklist.

Appendix Three – Guidance for staff on the completion of Form H3
<table>
<thead>
<tr>
<th>Patient's Name</th>
<th>Section</th>
<th>Date</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Checklist</td>
<td>Y/N</td>
<td></td>
</tr>
<tr>
<td>1.1</td>
<td>Have the correct papers been completed, i.e. are they the correct forms for the corresponding section?</td>
<td>Y/N</td>
<td>If No – Section Invalid – Prompt Action Required</td>
</tr>
<tr>
<td>1.2</td>
<td>Do the names and addresses on all the Forms correspond?</td>
<td></td>
<td>If NO – these can be amended and doesn’t mean the section is invalid</td>
</tr>
<tr>
<td>1.3</td>
<td>If patient has transferred in, is the Form H4 correctly completed? Send original H4 to MHA Office. A copy must be given to the escort from the transferring hospital.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Medical Recommendations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.1</td>
<td>If the 2 medical recommendations have been made separately was the patient examined by both doctors with no more than 5 clear days between each other?</td>
<td>Y/N</td>
<td>If No – Section Invalid – Prompt Action Required</td>
</tr>
<tr>
<td>2.2</td>
<td>Are both medical recommendations signed and dated?</td>
<td>Y/N</td>
<td>If No – Section Invalid – Prompt Action Required</td>
</tr>
<tr>
<td>2.3</td>
<td>If a Joint medical recommendation has been made the patient should have been seen by both doctors on the same day at the same time.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Application</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.1</td>
<td>Has the patient been admitted on Section within 14 days of the latter medical examination?</td>
<td></td>
<td>If No – Section Invalid – Prompt Action Required</td>
</tr>
<tr>
<td>3.2</td>
<td>Is the application signed and dated?</td>
<td></td>
<td>If No – Section Invalid – Prompt Action Required</td>
</tr>
<tr>
<td>4</td>
<td>Form H3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.1</td>
<td>Has the Form H3 been signed by a qualified member of staff?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.2</td>
<td>Has the appropriate part(s) of Form H3 been completed?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.3</td>
<td>Has the patient been informed of his/her rights and has this been documented on Form 14a? (Form 14c for Renewal of Section/Extension of CTO)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.4</td>
<td>Has it been documented if the patient wishes their Nearest Relative informed of admission on Section and do the details correspond with AMHP Application?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.5</td>
<td>Has the patient expressed a wish to appeal against their detention to the MHRT and/or Managers? If so, have the appeal papers been received by the MHA Office?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.6</td>
<td>Is there a copy of the AMHP report accompanying the Section papers?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Signed: ………………………………………………………………. Date: ………………………

Designation: …………………………………………………………..

If there are any inconsistencies, please note them on this form and they will be dealt with by the MHA Office staff on receipt of the papers.
### Rotherham Doncaster and South Humber NHS Foundation Trust

**Mental Health Act 1983 – MHA Administrator section paper checklist**

<table>
<thead>
<tr>
<th>Patient’s Name</th>
<th>Section</th>
<th>Date</th>
<th>Y/N</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong></td>
<td>Checklist</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.1</td>
<td>Is the patient’s name consistent on all papers?</td>
<td>Y/N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.2</td>
<td>Is the patient’s address consistent on all papers?</td>
<td>Y/N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.3</td>
<td>Are the Section papers addressed to the correct Hospital Managers on Form H3, H2 (Section 5(4)) and H1 (Section 5(2))?</td>
<td>Y/N</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 2. Medical Recommendations

| 2.1 | Have the 2 medical recommendations been made separately? If yes, was the patient examined by both doctors with no more than 5 clear days between each other? | | | |
| 2.2 | Has the patient been admitted on Section within 14 days of the last medical recommendation? | | | |
| 2.3 | Is at least 1 practitioner approved under Section 12 of the Act? | | **If No – Invalid Section – Prompt Action Required** |
| 2.4 | Are the recommendations dated on or before the application? | | |
| 2.5 | Do both medical recommendations state why detention is hospital is necessary? | | |
| 2.6 | Have all parts of forms been deleted or completed as necessary? | | | |
| 2.7 | Have both medical recommendations been signed and dated? | | **If No – Invalid Section – Prompt action required** |
| 2.8 | Has the name of the Hospital and where appropriate treatment is available been stated? (section 3 only) | | |

#### 3. Application

| 3.1 | Has the applicant stated the capacity in which he/she is applying? | | |
| 3.2 | Has the applicant seen the patient within 14 days ending with the date of application? | | |
| 3.3 | Is the application made and dated within 14 days of the last medical examination? | | |
| 3.4 | Have all the parts of the form been deleted or completed as necessary? | | **If No – Section Invalid – Prompt Action Required** |
| 3.5 | Is the application signed and dated? | | |

#### 4. Form H3/Nursing Duties

<p>| 4.1 | Has the Form H3 been signed by a qualified member of staff? | Y/N | |
| 4.2 | Has the appropriate part(s) of Form H3 been completed? | Y/N | |
| 4.3 | Has the patient been informed of his/her rights and has this been documented on Form 14a or Form 14c (for Renewal of Section/Extension of CTO)? | Y/N | |</p>
<table>
<thead>
<tr>
<th></th>
<th>Has it been documented if the patient wishes their Nearest Relative informed of admission on Section and do the details correspond with AMHP Application?</th>
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<td>4.5</td>
<td>Has the patient expressed a wish to appeal against their detention to the MHRT and/or Managers? If so, have the appeal papers been received by the MHA Office?</td>
</tr>
<tr>
<td>4.6</td>
<td>Is there a copy of the AMHP report accompanying the Section papers?</td>
</tr>
</tbody>
</table>

**Signed:** ................................................................. **Dated:** .............................................

**Mental Health Act Administrator**

**N.B: Errors which may be corrected**

If **NO** to 1.1, 1.2, 1.3, 2.6, 3.4 the MHA administrator must make arrangements for the documents to be amended by the signee. The duly amended documents must be back at the MHA Office within 14 days of the applications.

*The completed form is to be filed on top of the Form H3 and must be attached to Section Papers when being scrutinised by other professionals.*
GUIDANCE FOR STAFF ON THE COMPLETION OF FORM H3
This form should only be completed for Sections 2, 3 and 4

(Name and Address of Hospital) [Insert the name and address of the Hospital]
See below for guidance

Rotherham Locality
If you work within Adult services at Swallownest Court, the address is:
Swallownest Court
Aughton Road
Swallownest
Sheffield

If you work within Older People services at Woodlands, the address is:
Woodlands
Rotherham District General Hospital
Oakwood Hall Drive
Rotherham

If you work within Learning Disability services at Badsley Moor Lane, the address is:
Rhymers Court
Assessment and Treatment Unit
220 Badsley Moor Lane
Rotherham

Doncaster Locality
If you work within Adult/Older People/LD/Forensic services at St Catherine’s, the address is:
St Catherine’s
Tickhill Road
Balby
Doncaster

If you work within Rehab Services at Bentley, the address is:
Emerald Lodge
Askern Road
Bentley
Doncaster

North Lincolnshire Locality
If you work within Adult services at Great Oaks, the address is:
Mulberry House
Adult Inpatient Services
Great Oaks
Ashby High Street
Scunthorpe

If you work within Older Peoples services at Great Oaks, the address is:
Laurel House
Older Peoples Inpatient Services
Great Oaks
Ashby High Street
Scunthorpe

(Print full name of patient) [Insert the full Name of the Patient]

Complete (a) if the patient is not already an in-patient in the hospital
[This means if the patient has been brought directly into hospital on a Section]

Complete (b) if the patient is already an in-patient
[This means if the patient is already in hospital and then has been put onto a Section whilst on the ward]

(a) the above named patient was admitted to this hospital on [Insert the date that the patient was admitted]
At [Insert the time that the patient was admitted]
In pursuance of an application for admission under Section (state section) [ie; is it a Section 2 or 3 or 4 – write whichever one it is, in the box]

(b) An application for the admission of the above named patient (who had already been admitted to this hospital) under section (state section) ie; is it a Section 2 or 3 or 4 – write whichever one it is in the box of the Mental Health Act 1983 was received by me on behalf of the hospital Managers on [Insert the date when the section was put on] at [insert the time that the section was put on] and the patient was accordingly treated as admitted for the purposes of the Act from that time.

Signed [Sign the form]
Print name [Write your full name – legibly please]
Date [Insert the date]

NB: On the Section paperwork for a Section 4 you will need to turn over the page and continue to fill in the form (see below) if the patient is converted to a Section 2

On [Insert the date when the section was put on] at [insert the time that the section was put on] I received on behalf of the hospital managers, the second medical recommendation in support of the application for the admission of the above named patient. [This means the date and time that the Section 4 was converted to a Section 2]
Signed [Sign the form]
Print name [Write your full name – legibly please]
Date [Insert the date]

NB: A FORM H3 MUST BE COMPLETED BY THE NURSE IN CHARGE OF THE WARD FOR ALL ADMISSIONS UNDER SECTION 2, 3, 4 of the MHA 1983