Section 19
The Procedure for the Transfer of Patients Detained under MHA 1983 to another Hospital / Unit
## CONTENTS

<table>
<thead>
<tr>
<th>SECTION</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. INTRODUCTION</td>
<td>3</td>
</tr>
<tr>
<td>2. PURPOSE</td>
<td>3</td>
</tr>
<tr>
<td>3. SCOPE</td>
<td>3</td>
</tr>
<tr>
<td>4. RESPONSIBILITIES, ACCOUNTABILITIES AND DUTIES</td>
<td>3</td>
</tr>
<tr>
<td>4.1 Mental Health Legislation Sub Committee</td>
<td>3</td>
</tr>
<tr>
<td>4.2 Hospital Managers</td>
<td>4</td>
</tr>
<tr>
<td>4.3 Independent Mental Health Advocates</td>
<td>4</td>
</tr>
<tr>
<td>4.4 Responsible Clinician</td>
<td>4</td>
</tr>
<tr>
<td>4.5 Registered Clinical Staff</td>
<td>5</td>
</tr>
<tr>
<td>4.6 Non-Registered Clinical Staff</td>
<td>5</td>
</tr>
<tr>
<td>4.7 Mental Health Act Office</td>
<td>5</td>
</tr>
<tr>
<td>5. PROCEDURE/IMPLEMENTATION</td>
<td>6</td>
</tr>
<tr>
<td>5.1 Under which detention section can a section 19 be used</td>
<td>6</td>
</tr>
<tr>
<td>to transfer a patient</td>
<td></td>
</tr>
<tr>
<td>5.2 When should section 19 be used</td>
<td>6</td>
</tr>
<tr>
<td>5.3 Action to take when transferring under section 19</td>
<td>6</td>
</tr>
<tr>
<td>5.4 Action once the patient has been accepted for transfer</td>
<td>7</td>
</tr>
<tr>
<td>5.5 Information for the receiving hospital</td>
<td>7</td>
</tr>
<tr>
<td>5.6 On the day of transfer</td>
<td>7</td>
</tr>
<tr>
<td>5.7 Action by staff on return to their unit following transfer</td>
<td>8</td>
</tr>
<tr>
<td>5.8 Transfer from outside hospital/unit into the Trust</td>
<td>8</td>
</tr>
<tr>
<td>5.9 Transfer to another hospital/unit within the Trust</td>
<td>9</td>
</tr>
<tr>
<td>5.10 Transfer on Section 136</td>
<td>9</td>
</tr>
<tr>
<td>5.11 Additional requirements for the transfer of patients on community</td>
<td>9</td>
</tr>
<tr>
<td>treatment orders who are subject to recall</td>
<td></td>
</tr>
<tr>
<td>6. TRAINING IMPLICATIONS</td>
<td>10</td>
</tr>
<tr>
<td>7. MONITORING ARRANGEMENTS</td>
<td>10</td>
</tr>
<tr>
<td>8. EQUALITY IMPACT ASSESSMENT SCREENING</td>
<td>11</td>
</tr>
<tr>
<td>8.1 Privacy Dignity and Response</td>
<td>11</td>
</tr>
<tr>
<td>8.2 Mental Capacity Act</td>
<td>11</td>
</tr>
<tr>
<td>9. LINKS TO ANY ASSOCIATED DOCUMENTS</td>
<td>12</td>
</tr>
<tr>
<td>10. REFERENCES</td>
<td>12</td>
</tr>
<tr>
<td>11. APPENDICES</td>
<td>12</td>
</tr>
<tr>
<td>APPENDIX 1 - Mental Health Casework Section Guidance –</td>
<td>13</td>
</tr>
<tr>
<td>Transfers Between Hospitals In England And Wales</td>
<td></td>
</tr>
<tr>
<td>APPENDIX 2 – CPA 7 Day Follow Up Guidance</td>
<td>25</td>
</tr>
</tbody>
</table>
1. **INTRODUCTION**

There may be circumstances during a patient’s period of detention whereby they need transferring to another hospital and Section 19 of the Mental Health Act 1983 (MHA 1983) gives authority to the Hospital Managers (i.e. the Foundation Trust) to do this. It is a duty which the Hospital Managers may delegate and, if this is the case, it is the responsibility of the officer to whom the Managers delegate this duty to ensure that the transfer is being made for valid reasons and that the needs and interests of the patient have been fully considered.

(Code of Practice 2015, 37.16–37.27)

2. **PURPOSE**

The purpose of this procedure is to:

- Provide clinical staff with a clear framework in which to operate the legal requirements of section 19;
- Provide a consistent approach across the Care Groups in the application of section 19 transfers;
- Detail the responsibilities and duties of staff in relation to section 19;
- State what training is available to staff in relation to the MHA 1983 and, in particular, section 19; and
- Detail what arrangements the Trust has in place to monitor compliance with the legal requirements of section 19 transfers.

3. **SCOPE**

The contents of this procedure apply to all clinical staff working within the Trust across all Care Groups who, in the course of their work, may be involved in the transfer arrangements for a detained patient under section 19.

4. **RESPONSIBILITIES, ACCOUNTABILITIES and DUTIES**

4.1 **Mental Health Legislation Sub Committee**

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

- Overseeing the implementation of the MHA 1983 within the organisation;
- The review and issuing of all policies and procedures which relate to the MHA 1983;
- Monitoring the Trust’s compliance with the legal requirements of the MHA 1983;
- Undertaking audits and agreeing action plans in relation to the MHA 1983; and
- Providing an annual report on Mental Health Act activity within the Trust to the Board of Directors.
4.2 Hospital Managers

Whilst the MHA 1983 uses the term “Hospital Managers”, in NHS Foundation Trusts the Trust themselves are defined as the “Hospital Managers”. They have certain statutory duties they must fulfil under the Act and some of these duties, including the transfer of patients detained under section 19 of the Act, can be delegated by the Hospital Managers but in delegating this responsibility they must be satisfied that:

- The clinical staff, to whom the responsibility to transfer a patient under section 19 has been delegated, are aware of the legal requirements and adhere to this procedure;
- The transfer is taking place for good reason, and the needs and interests of the patient have been considered;
- The patient has been given information about the transfer and the reasons for it;
- The patient’s nearest relative and carers have, where appropriate, been involved in the decision to transfer the patient (with the patient’s consent); and
- Any information given is done so in a suitable manner, at a suitable time, and in accordance with the law, as detailed in the Trust’s section 132 Policy.

4.3 Independent Mental Health Advocates (IMHA)

The role of the IMHA is to help qualifying patients (those detained under the MHA, conditionally discharged, subject to guardianship or a Community Treatment Order but not those detained under Section 4, Section 5, Section 135 or 136) understand the legal provision to which they are subject under the MHA 1983 and the rights and safeguards to which they are entitled. This could include assistance in obtaining information about any of the following:

- The provisions of the legislation under which she/he qualifies for an IMHA;
- Any conditions or restrictions she/he is subject to, for example, any arrangements made for section 17 leave or transfer under section 19;
- The medical treatment being given, proposed or being discussed and the legal authority under which this would be given;
- The requirements that would apply in connection with the giving of the treatment; and
- Their rights under the Act and how those rights can be exercised. (MHA 1983, 130B (1)).

4.4 Responsible Clinician

The Responsible Clinician will:

- Authorise the transfer of detained patients to other hospitals/units as necessary; and
- Liaise with the Responsible Clinician at the receiving hospital/unit about
the transfer and the current /proposed treatment plan for the patient.

4.5 **Registered Clinical Staff**

In relation to this procedure all registered Clinical staff must be aware of and comply with the contents of this procedure when making arrangements for the transfer of a patient under section 19 as, at any time when they are in charge of the ward, they will be responsible for:

- Signing the statutory Form (H4);
- Liaising with the receiving Hospital/Unit about the transfer arrangements;
- Making arrangements for all the necessary statutory and additional paperwork to be transferred with the patient;
- Making arrangements as necessary for the safe transport of the patient; and
- Arranging adequate staffing levels to provide a staff escort to accompany the patient during the transfer.

Registered Clinical staff should also:

- Attend any training which is provided in relation to this procedure; and
- Bring to the attention of senior managers any concerns they may have about the transfer arrangements of patients under section 19.

4.6 **Non-registered clinical staff**

Any non-registered staff working within clinical services must:

- Be aware of this procedure and its contents;
- Direct any patient who has a query about a planned transfer to a member of registered staff; and
- Report any breaches they become aware of in relation to this procedure.

4.7 **Mental Health Act Office**

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

- Providing clinical staff with copies of the H4 transfer form;
- Copying the patient’s original detention papers so that these can be kept on file and the originals transferred with the patient;
- Notifying the relevant personnel of the transfer in the event of the patient having a Mental Health Review Tribunal or Hospital Managers Hearing scheduled to take place after the transfer; and
- To liaise with the Mental Health Act Offices in the other Trust localities about any planned internal Trust transfers of detained patients and arrange for the transfer of the relevant documentation.
5. PROCEDURE/IMPLEMENTATION

5.1 Under which detaining sections can a Section 19 be used to transfer a patient?

Section 19 can only be used to transfer patients who are subject to detention under a Section 2, 3, 37, 47 of the MHA 1983, or, are on a community treatment order and subject to recall or, are subject to guardianship. For any other Section there is no power of transfer under Section 19.

It must also be noted that for patients detained under a 37/41 or 47/49, a transfer under Section 19 can only take place with prior approval from the Home Secretary and with a transfer direction issued by the Ministry of Justice. In these circumstances staff should refer to the Ministry of Justice Guidance for Transfers between Hospitals in England and Wales attached at Appendix 1.

5.2 When should section 19 be used?

Any detained patient who is transferred to a Hospital/Unit in another Trust (i.e. one which comes under the authority of different Hospital Managers) must do so under the provisions of section 19.

Section 19 can also be used to transfer a patient to a Nursing Home which is registered to accept patients who are detained under the MHA 1983.

5.3 Action to take when transferring under Section 19

- The patient and their nearest relative/carer/friend (subject to the patient’s consent) are to be involved in any discussions about the proposed transfer.
- Patients are to be reminded that they can have support from the Independent Mental Health Advocacy services.
- The patient’s Responsible Clinician must refer them to a Responsible Clinician at the receiving Hospital/Unit.
- The receiving Hospital/Unit must agree to the acceptance and subsequent transfer of the patient.
- In the event of a patient requiring transfer to Scotland, Northern Ireland or the Channel Isles, staff should seek advice from the Mental Health Act Office.
- In the case of patients who are subject to a restriction order e.g. Section 37/41 or 47/49, the Responsible Clinician must obtain authority to transfer from the Secretary of State. This authority is requested via the Ministry of Justice. Without this authority no transfer can take place. Refer to the Ministry of Justice Guidance on Transfers between Hospitals in England and Wales attached at Appendix 1.

NB: This can also be the case when transferring these patients between wards of the same NHS Hospital Trust—seek advice from the MHA Office.
5.4 Action once the patient has been accepted for transfer

- Wherever possible, any such transfer should be planned well in advance.
- The following people must be notified and given details of why, to where and when the patient is to be transferred (if not already aware):
  - The patient;
  - The patient’s nearest relative/carer/friend (if the patient consents);
  - The patient’s Care Co-ordinator; and
  - The Mental Health Act Office.

- A risk assessment must be undertaken in relation to the transfer and a care plan completed. These should detail:
  - What transport is to be used for the transfer;
  - How many staff will be needed to undertake the safe transfer of the patient;
  - What training the staff have had in the control of violence and aggression;
  - The need for at least one staff member to be of the same sex as the patient;
  - That one of the staff must be a qualified nurse as they will be responsible for handing over the patient at the receiving hospital;
  - The estimated length of the journey and the need for comfort breaks;
  - Any specific risk issues relating to the patient; and
  - Administration of any medication due whilst travelling.

5.5 Information for the receiving hospital

- As much information about the patient as possible should be provided beforehand and this can either be done by letter or secure fax (dependent on time constraints); and
- They must also be notified of the expected time of arrival for the patient.

5.6 On the day of transfer

- The patient’s belongings must be packed in a suitable manner and an inventory made.
- The original detention papers must be obtained from the Mental Health Act Office and these must accompany the patient (copies must be retained for our records).
- A Form H4 (Section 19) (Form H4 Regulation 7(2)(a) and 7(3) MHA 1983) will be provided by the Mental Health Act Office and part one of the form must be completed prior to leaving. The receiving hospital will complete the second part of the form to accept the patient into their authority. The original Form H4 will be kept by the receiving hospital but the escorting nurse must bring back a photocopy for the Mental Health Act Office for our Trust’s records. For those patients on a Restriction Order (S37/41 or S47/49) a copy of the Ministry of Justice transfer direction must also accompany the papers.
• Photocopies of the patient’s medical notes, nursing notes and drug card are to be taken on the day of transfer to the receiving hospital.
• A transfer letter from the patient’s Responsible Clinician should also be taken (if not already sent).
• Any medication the patient is receiving should be obtained as TTOs for an appropriate period and taken with the patient.

Staff should refer to the Trust Policy for the Discharge and Transfer of patients for full guidance on the safe transfer of patients.

5.7 Action by staff on return to their Unit following transfer

• The photocopy of the completed Form H4 is to be forwarded to the Mental Health Act Office;
• Any problems encountered during the transfer should be reported to the Service Manager/Modern Matron/Senior Nurse;
• If the patient has been transferred to a Non NHS Psychiatric Hospital or Private Psychiatric Hospital, then staff must follow the CPA 7 day Follow up Guidance, please refer to Appendix 2.

5.8 Section 19 transfers from outside Hospitals/Units into the Trust

Any detained patients who are to be transferred into any of the Trust services will do so under section 19 and:

• The transfer is to be planned.
• There is to be agreement as to who their Responsible Clinician will be within the Trust. For those patients who transfer in on a Restriction Order the decision to accept the transfer should be have been agreed in advance via the Restricted Patient’s Panel (refer to the Trust Policy for the acceptance of patients on a restriction order into Trust services).
• The patient must have a Form H4, part one of which will already have been completed by the previous hospital and will be received by the nurse in charge of the ward who will complete the second part of the form. For patients on restriction orders there should be a copy of the Ministry of Justice transfer direction.
• The patient will only be accepted with the original relevant detention papers.
• The Form H4 is to be completed, photocopied and a copy given to the escorting staff.
• The nurse in charge of the ward will at the earliest opportunity make arrangements for the patient to:
  o have their legal rights under section 132 explained to them; and
  o have their consent to treatment provisions reviewed by the Responsible Clinician.
5.9 Transfers to another hospital/unit within the Trust

- Detained patients who are to be transferred to another Hospital or Unit within the Trust remain under the same Hospital Managers and so DO NOT need an authority under section 19 to be transferred. However, staff are still to follow the guidance provided in this procedure.
- In these circumstances, if the detention papers state a specific unit/ward within the Trust, the transfer is allowed as if he had been admitted to the original hospital based on the original application. However, in order that the patient can be transferred to the new unit/ward a section 17 form will be required to authorise the leave of absence to provide authority for the journey between sites.
- In these circumstances for those patients on a Restriction Order (Section 41 or Section 49) the permission to transfer the patient will need to be sought via the Ministry of Justice in advance as the order usually prescribes the specific ward/unit where the patient is to be detained.
- The Mental Health Act Offices will liaise between localities about any planned internal Trust transfers of detained patients and arrange for the transfer of the relevant documentation between offices.
- The Mental Health Act Offices will notify each other of the dates for any Mental Health Tribunal or Hospital Managers Hearing which may be planned.
- Whenever a detained patient is transferred to another locality within the Trust, their legal rights under section 132 should be re-read by the receiving ward/unit.
- Any patients, who are subject to consent to treatment provisions under a form T2, are to be seen by their new Responsible Clinician and a new T2 completed upon arrival at the new ward/unit.

5.10 Transfers under Section 136

There are provisions within the Mental Health Act to allow for the transfer of people subject to assessment under section 136. This means that during the 72-hour period of assessment a transfer can be made to another place of safety. Staff should refer to the Trust Section 136 policy for full details.

5.11 Additional requirements for the transfer of patients subject to Community Treatment Orders who are recalled

- For any patients who are recalled from their Community Treatment Order, the Hospital Mangers can authorise their transfer to another Hospital/Unit.
- The maximum 72-hour period of detention in Hospital on recall will continue to run from the original time that the patient was detained.
- Either prior to, or at the time of the transfer taking place, the receiving Hospital/Unit is to be provided with a copy of the Form CT04 which records the time of the patients detention following recall.
- Ward staff will complete a Form CT06 which is to accompany the patient to the receiving Hospital/Unit.
6. **TRAINING IMPLICATIONS**

There are no specific training needs in relation to this policy as the legal requirements under section 19 are included in the Trust Mental Health Act training. However, the following staff will need to be familiar with the policy contents:

- Inpatient Consultant Psychiatrists.
- Qualified inpatient nursing staff.
- Non-Qualified inpatient staff.
- Junior Doctors.
- Mental Health Act Office staff.

Awareness will be achieved through a presentation of the updated policy at the Consultants Meeting, ward meetings, and via the MHA Manager to the MHA Office staff.

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>1. All detained patients subject to transfer under section 19 have the appropriate documentation completed.</td>
<td>Audit of the forms H4, CT04, CT06</td>
<td>MHA office</td>
<td>The relevant local MH Legislation monitoring group. Data will be reported, by exception, to the Trust Mental Health Legislation Sub Committee</td>
<td>Audit is on-going but the results and any action plans will be reported quarterly</td>
</tr>
<tr>
<td>2. All patients who are transferred into the Trust under section 19 will be given an explanation of their legal rights under section 132 at the earliest opportunity following their transfer.</td>
<td>Audit of the Forms 14a</td>
<td>MHA office</td>
<td>The relevant local MH Legislation monitoring group. Data will be reported, by exception, to the Trust Mental Health Legislation Sub Committee</td>
<td>Audit is on-going but the results and any action plans will be reported quarterly</td>
</tr>
<tr>
<td>3. Patients and Carers satisfaction with the transfer process.</td>
<td>Audit of any complaints which relate to the transfer of detained patients</td>
<td>Modern Matrons/Complaints Officer</td>
<td>Action plans are discussed at the relevant ward meetings. There is also a quarterly complaints report which is presented at the Clinical Governance Group then at the Directorate Governance meetings.</td>
<td>All complaints are investigated at the time of receipt and action plans developed</td>
</tr>
</tbody>
</table>
8. **EQUALITY IMPACT ASSESSMENT SCREENING**

The completed Equality Impact Assessment for this Policy has been published on the Trust policy web page for this Policy.

8.1 **Privacy, Dignity and Respect**

<table>
<thead>
<tr>
<th>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, <em>not just clinically but in terms of dignity and respect</em>.</th>
</tr>
</thead>
<tbody>
<tr>
<td>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).</td>
</tr>
<tr>
<td><strong>Indicate how this will be met</strong></td>
</tr>
<tr>
<td>There is no requirement for additional consideration to be given with regard to privacy, dignity or respect.</td>
</tr>
</tbody>
</table>

8.2 **Mental Capacity Act**

<table>
<thead>
<tr>
<th>Central to any aspect of care delivered to adults and young people aged 16 years or over will be the consideration of the individuals capacity to participate in the decision making process. Consequently, no intervention should be carried out without either the individuals informed consent, or the powers included in a legal framework, or by order of the Court.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therefore, the Trust is required to make sure that all staff working with individuals who use our service are familiar with the provisions within the Mental Capacity Act 2005. For this reason all procedural documents will be considered, if relevant to reflect the provisions of the Mental Capacity Act 2005 to ensure that the interests of an individual whose capacity is in question can continue to make as many decisions for themselves as possible.</td>
</tr>
<tr>
<td><strong>Indicate How This Will Be Achieved.</strong></td>
</tr>
<tr>
<td>All individuals involved in the implementation of this policy should do so in accordance with the Guiding Principles of the Mental Capacity Act 2005. (Section 1)</td>
</tr>
</tbody>
</table>
9. **LINKS TO ANY ASSOCIATED DOCUMENTS**

Policy and Procedure relating to the handling of formal complaints – General policies

Policy for the development of information for Service Users - General policies

Policy for Clinical Record Keeping Standards and Clinical Record Management – Clinical Policies

Police Liaison Policy – Clinical Policies

Clinical Risk Assessment and Management Policy – Clinical policies

Policy for the Discharge and Transfer of Service Users from inpatient services – Clinical policies

Section 136 Policy – Clinical policies, mental health legislation

Procedure for informing detained patients of their legal rights under Section 132 of the Mental Health Act 1983– Clinical policies, mental health legislation

10. **REFERENCES**


Care Quality Commission: *Leave of absence and transfer under the Mental Health Act 1983 (Guidance Note-March 2010)*

11. **APPENDICES**

Appendix 1: NOMS Transfers between hospitals in England and Wales

Appendix 2: CPA 7 Day Follow up Guidance
Appendix 1

Mental Health Casework Section
Guidance

Transfers between Hospitals in England and Wales
Contents

Legal provisions
Secretary of State’s powers to transfer
Internal transfers and “Named” wards

Policy On Section 19 Transfers For Restricted Patients

Trial Transfer

Transfer Application Forms

Specific Types of Transfer:
- Downward Transfers - from High Secure Hospitals
- Downward Transfers - Other Hospitals
- Level Transfers
- Upward Transfers
- Transfers within Hospitals

Prison Transfer Cases

Annex A
- Transfer Application Forms – current and proposed RCs
TRANSFERS WITHIN ENGLAND AND WALES

LEGAL PROVISIONS

The role of the Secretary of State in relation to Transfer

1. Section 19 of the Mental Health Act 1983 (MHA) and regulations made under it, enable a patient who is detained in hospital to be transferred to another hospital and to be detained in that hospital on the same basis. By virtue of section 41(3)(c) of the Act, where the patient is subject to a restriction order, the consent of the Secretary of State is needed to transfer any restricted patient between hospitals under section 19.

Internal Transfers and “Named” Wards

2. Under section 47 of the Crime (Sentences) Act 1997 the court, when making a restricted hospital order or a hospital direction with limitation direction, and the Secretary of State, when transferring a prisoner to hospital when he also attaches a restriction direction, may direct that the patient be detained in a specific hospital unit. This will normally be to a named ward to prevent patients being moved to lower levels of security within a hospital without the Secretary of State's agreement. Where a hospital unit is named, the Secretary of State's agreement is needed for movement out of that unit, even if the transfer is to the same level of security. If however, the transfer involves no change to either the named unit/hospital, prior agreement from the Secretary of State is not required. The Mental Health Casework Section (MHCS), should, however, be informed of the move.

POLICY ON SECTION 19 TRANSFERS FOR RESTRICTED PATIENTS

3. The Secretary of State recognises the importance of patients being placed in appropriate levels of security at all stages of their detention, and that the ultimate goal, where possible, is the patient’s safe rehabilitation back into the community. The Secretary of State’s role is to ensure that transfers between hospitals preserve public safety, and, where appropriate, respect the feelings and fears of victims and others who may have been affected by the offences. The Secretary of State will not agree to a transfer unless he is satisfied that the move will not put the public or victims at risk.

4. To help responsible clinicians (RCs) provide all the information required to enable the Secretary of State to properly risk assess transfer proposals, a form is provided with this guidance at: http://www.justice.gov.uk/offenders/types-of-offender/mentally-disordered-offenders.

5. The Secretary of State expects transfer proposals to include a full account of all the information required in the application form to enable an informed decision to be made.

6. When sufficient evidence has been received, the proposal will be considered within 5 working days for a level or upgrade transfer and 10 working days for a downgrade or trial transfer. These timescales run from the date all the required information has been received by MHCS. Although no guarantees can be given, every effort is made
to meet these targets. If there is an urgent need for transfer (most likely to be when an increase in the level of security is required), the RC should speak with the relevant Casework Manager. Proposals for transfer to lower levels of security are given additional scrutiny to ensure that the proposed place of detention does not increase the potential risk to the public.

7. Once the RC’s proposal has been considered and a decision reached, the RC will be informed by letter. If the proposal is being refused or the patient is to be transferred to a higher level of security, the Secretary of State’s reasons will be clearly set out. If the Secretary of State consents to the formal transfer of the patient (in some cases following a period of trial leave), we will inform the applicant and the RC at the current hospital, copied to the Chief Executive of the relevant NHS Trust, or manager of independent hospital. The Chief Executive/Manager’s copy should be retained by the current hospital and the RC’s copy should be forwarded, with all the relevant documents concerning the patient’s detention, including the police reports, to the RC at the receiving hospital.

8. MHCS must be informed once the patient has moved. MHCS will then inform the police that the transfer has taken place.

9. Once transfer has taken place, the Secretary of State expects the care team to constantly review the patient’s suitability for that level of security and, if in any doubt, to contact MHCS staff without delay.

TRIAL LEAVE

10. In situations in which a period of testing in another hospital is considered necessary to ensure that the patient can be managed appropriately in the proposed hospital, the Secretary of State will give permission for “trial leave” as a precursor to consent for transfer under s19. Trial leave is effected by means of granting permission for s17 leave for the sole purpose of temporary transfer to the proposed hospital. A trial transfer is the default arrangement for movement out of high secure hospitals as it leaves responsibility for the patient with the responsible clinician in the high secure hospital. It also leaves the responsible clinician free to revoke the transfer instantly in the event that it is seen not to be working until such time as the Secretary of State has given consent to the s19 transfer. The RC should specify the duration of the trial leave sought and in most cases 6 months should be sufficient to determine whether a full transfer is appropriate. MHCS will agree to extensions, not usually exceeding 12 months in total, to enable further testing to take place.

TRANSFER APPLICATION FORMS

11. To help ensure that the Secretary of State receives all of the information necessary to make a decision, transfer request forms are provided for RCs (see attachment). The RC at the current hospital should complete the form entitled “Application for trial leave or full transfer to another hospital”. The RC at the proposed hospital should either fill in the Annex entitled “Assessment of patient by proposed Responsible Clinician at accepting hospital” or provide written confirmation of acceptance and include an outline of the proposed treatment plan for the patient. It is the current RC’s responsibility to ensure that we receive the views of the receiving hospital, including their consent to the proposed transfer.
12. These forms should be combined and sent to MHCS by the requesting RC, and supplemented with any additional information that the RC considers would assist the Secretary of State. Examples of such information would include additional material which explores the reasons for recommending transfer at this stage of the patient’s rehabilitation/treatment (this may take the form of reports prepared for a CPA meeting, for example). Requests for further information may be made by MHCS if the caseworker considers this necessary to conduct a full risk assessment, and consideration of the proposal will be delayed until this has been received.

13. As part of any request for trial leave or transfer for a restricted patient, the Secretary of State requires the following information:

Section 1 requires the patient’s and clinicians’ details (both proposing and accepting) along with reasons for the transfer and any victim issues. It is important to be clear on the aims of the proposal and the anticipated benefits for the patient’s treatment and/or rehabilitation, both in the long and short term.

Section 2 requires specific details of the patient’s current presentation and behaviour including a full risk assessment of the current mental state, compliance with medication, insight, attitude to his/her offending and abscond risk. Also included should be any assessment of the level of risk in terms of harm to the public, taking into account the nature and adequacy of safeguards and any other risk factors, particularly to victims and their families, consulting with the Victim Liaison Officer where appropriate. MHCS would additionally like to be notified if there are any potential public concerns or media attention and any measure proposed in response to such concerns, to assist with the management of the patient’s case.

Generally, the form should also note any concerns which have been expressed, or are likely to be expressed, by victims of the offences committed by the patient or by families of the victims. In addition, information about anyone who, on account of their relationship with the patient, may have reasonable cause to be concerned about the patient’s transfer, especially if a reduction of security is involved and/or the move brings the patient nearer to the venue of the index offence or the home area of the victim(s), or both, is required plus details of any measures proposed in response to such concerns.

14. Where a number of patients are to be transferred within the same trust, it may be possible to treat these as a group transfer. The criteria for a group transfer are as follows:

- Five or more patients to be transferred.
- The transfer is within the same hospital Trust.
- The security level of the patients remains unchanged.
- There is a minimum of five weeks’ notice of the date of transfer.

If the RC considers that a group transfer is appropriate, there is no need to complete an application form and the request can be made by sending a letter setting out the following information to the MHCS QA & Casework Systems Team at: mhcsqacs@noms.gsi.gov.uk

- List of all restricted patients:
- Full name
- DOB
- Current ward and security level.
15. MHCS aims to make a decision on all requests for transfer within 10 working days of the receipt of all relevant information.

TRANSFER OF PERMISSION FOR s17 COMMUNITY LEAVE

16. The default position is that consent for s17 leave will remain when a patient transfers from one hospital to another. However, this will be considered on a case by case basis, and permission may be rescinded should the Secretary of State have concerns that leave is no longer appropriate. Situations in which permission for leave may be rescinded include upwards transfers as a result of increase in risk, or if there is evidence that the patient will have particular difficulty settling in a new environment such that risk may temporarily increase.

PRISON TRANSFER AND HOSPITAL DIRECTION CASES

17. Requests for transferred prisoners to move hospitals will be considered in line with the policy set out above. The only exception is that the Secretary of State will usually not consent to the transfer of a prisoner to an open unit, unless the transferred prisoner would be likely to be eligible for transfer to open conditions in prison and he is otherwise satisfied that treatment in an open unit is appropriate.
Please read Mental Health Casework Section Guidance – Transfer between Hospitals before completing this form. This form should be completed by the patient’s current Responsible Clinician (RC). Please send the completed form to the Mental Health Casework Section via e-mail to MHCSTeam1@noms.gsi.gov.uk (patient surnames A – GILE), MHCSTeam2@noms.gsi.gov.uk (patient surnames GILF – NICHOLL) or MHCSTeam3@noms.gsi.gov.uk (patient surnames NICHOLM – Z).

If you wish to apply for trial leave or a full transfer to conditions of either higher or lower security, both this form and a clinical assessment from the proposed RC (Annex A) should be fully completed and sent to MHCS. If you wish to apply for a full level transfer, complete section 1 of this form and send it to MHCS, with a letter from the proposed RC at the accepting hospital. The letter should confirm acceptance, and give details of bed availability and the proposed treatment plan.

**Section 1** (required for all applications)

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full name of patient</td>
<td>Full name of the patient</td>
</tr>
<tr>
<td>Date of birth</td>
<td>Date of birth</td>
</tr>
<tr>
<td>MHCS reference</td>
<td>MHCS reference</td>
</tr>
<tr>
<td>Name, address, telephone and fax numbers of current detaining hospital</td>
<td>Name of the current detaining hospital and contact details</td>
</tr>
<tr>
<td>Security level of the detaining hospital/unit</td>
<td>Security level of the detaining hospital/unit</td>
</tr>
<tr>
<td>Responsible Clinician</td>
<td>Responsible Clinician</td>
</tr>
<tr>
<td>Name, address, telephone and fax numbers of proposed hospital</td>
<td>Name of the proposed hospital and contact details</td>
</tr>
<tr>
<td>Security level of the proposed hospital/unit</td>
<td>Security level of the proposed hospital/unit</td>
</tr>
<tr>
<td>Name of proposed Responsible Clinician</td>
<td>Name of the proposed Responsible Clinician</td>
</tr>
</tbody>
</table>
Nature of application

☐ Full transfer  ☐ Trial leave

If *trial leave*, what is the proposed length of trial, in months?

1. Please give the reason for requesting trial leave or full transfer.

2. Are there any victim issues to be considered if the move is agreed? Please give details of issues and Victim Liaison Officer if known.

3. To assist with the management of this application – if the trial leave or transfer involves a return to the area where the index offence occurred is this likely to cause any local or nationwide publicity?

For full level transfer applications only: (see above)

Responsible Clinician’s signature

Date
Section 2 (required for trial leave and full transfer involving a reduction in the level of security)

3. Detail any incidents of physical or verbal aggression that have occurred since admission. What improvements has the patient made in this area?

4. Detail any sexually inappropriate behaviour the patient has exhibited since admission. What improvements has the patient made in this area?

5. Detail the patient’s leave history and any incidents of note. Include a report on the patient’s most recent leave, if applicable.

6. Detail any escapes or absconds including dates, activity while AWOL and what reasons the patient gave subsequently for their behaviour. Please also include details of any attempted escapes or absconds.

7. Is substance or alcohol abuse a concern? Detail incidents and any improvements the patient has made in this area.
8. Please give details of any further inappropriate behaviours you feel are relevant (e.g. episodes fire setting, subverting security, etc).

9. List therapies, counselling and any general rehabilitative activities the patient has engaged in. Include dates and reports from facilitators, if possible.

10. What do you feel the proposed trial leave or full transfer placement can offer the patient?

11. Why are you confident the patient can be safely managed in a less secure environment?

12. Would you like the patient to have familiarisation visits to the proposed placement? State whether you recommend that these are escorted, unescorted, and whether an overnight stay would be beneficial.

13. Please summarise the patient’s general progress, and state anything else you would like to add.

Responsible Clinician’s signature
Date
ANNEX A
Assessment of patient by proposed Responsible Clinician at accepting hospital

Please read Mental Health Casework Section Guidance – Transfer Between Hospitals before completing this form. This form should be completed by the proposed Responsible Clinician (RC) at the accepting hospital and submitted by the current RC as part of the application.

For an application for trial leave or a full transfer, both this form and the current Responsible Clinician’s Application for trial leave or full transfer to another hospital should be fully completed and sent to MHCS. This form should not be used for applications for a full level transfer; details of how to do this are provided in the guidance.

Full name of the patient

Date of birth

MHCS reference

Name, address, telephone and fax numbers of the accepting hospital

Security level of the accepting hospital

Name of the proposed Medical Officer

If trial leave, what is the proposed length of trial leave, in months?

Date the patient was assessed

1. Where was the patient assessed and what other members of your team were present, if any?

2. Summarise the assessment process and your findings.
3. How do you propose to manage the challenging behaviours (if any) highlighted in the current Responsible Clinician’s application and assessment (i.e. violence, absconding etc)?

<table>
<thead>
<tr>
<th>Proposed Responsible Clinician’s signature</th>
</tr>
</thead>
</table>

4. Detail your proposed treatment plan, which may include medication, therapies, counselling and general rehabilitative activities. How will these contribute to the patient’s progress and how will it be measured?

<table>
<thead>
<tr>
<th>Proposed Responsible Clinician’s signature</th>
</tr>
</thead>
</table>

5. Please add any further comments you would like to make about the patient’s suitability for transfer or how your hospital may contribute to ongoing rehabilitation.

<table>
<thead>
<tr>
<th>Proposed Responsible Clinician’s signature</th>
</tr>
</thead>
</table>

6. Is a bed currently available for the patient? If not please indicate, where possible, when it is likely to become available?

<table>
<thead>
<tr>
<th>Proposed Responsible Clinician’s signature</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
</table>
Appendix 2: CPA 7 Day Follow Up Guidance

Recent audit results have highlighted the need for further clarity on the national Monitor guidance. Therefore the following detail has been pulled together on what RDaSH need to include and exclude from the CPA 7 day follow up indicator.

<table>
<thead>
<tr>
<th>Inclusions:</th>
<th>Actions:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patients that are discharged/transfered out of area:</strong></td>
<td>Please ensure that contacts are recorded as a 'contact' on the system and not a 'note' as this does not comply with the indicator.</td>
</tr>
<tr>
<td>When a patient decides they don’t want to return to the local area the Trust completes a transfer of care under CPA to the new Mental Health service provider. It remains our responsibility to complete a 7 day follow up contact.</td>
<td>When a face to face contact is not appropriate then a telephone call must be made to the patient who has moved out of area. This will then class as a “non face to face contact”.</td>
</tr>
<tr>
<td><strong>Patients discharged/transfered to another Non-NHS Psychiatric Unit:</strong></td>
<td></td>
</tr>
<tr>
<td>All patients that are discharged/transferred to NON-NHS psychiatric units/private psychiatric wards must be included within the indicator and a 7 day follow up must take place by us.</td>
<td>When a face to face contact is not appropriate then a telephone call must be made within 7 days. This will then class as a “non face to face contact”.</td>
</tr>
<tr>
<td><strong>Patients discharged/transfered to a Non-Psychiatric ward:</strong></td>
<td>The call must take place with the patient. If the patient is too poorly to be spoken to then the call needs to be with an appropriate clinical member of staff within the receiving unit that is able to feedback on the specific individual.</td>
</tr>
<tr>
<td>All patients that are discharged/transferred to a non-psychiatric ward (i.e. an acute ward for physical health care needs) must be included within the indicator and a 7 day follow up must take place by us.</td>
<td>When a face to face contact is not appropriate then a telephone call must be made within 7 days. This will then class as a “non face to face contact”.</td>
</tr>
<tr>
<td><strong>Patients discharged/transfered to a Care Home:</strong></td>
<td>The call must take place with the patient. If the patient is too poorly to be spoken to then the call needs to be with an appropriate clinical member of staff within the receiving care home that is able to feedback on the specific individual.</td>
</tr>
<tr>
<td>All patients that are discharged/transferred to any type of Care Home must be included within the indicator and a 7 day follow up must take place by us.</td>
<td>When a face to face contact is not appropriate then a telephone call must be made within 7 days. This will then class as a “non face to face contact”.</td>
</tr>
<tr>
<td><strong>Patients that are discharged and then go into custody/prison:</strong></td>
<td>The call must take place with the patient. If the patient is too poorly to be spoken to then the call needs to be with an appropriate clinical member of staff within the receiving care home that is able to feedback on the specific individual.</td>
</tr>
<tr>
<td>All patients that are discharged and go into custody/prison must be included within the indicator and a 7 day follow up contact must take place by us to the prison in reach team.</td>
<td>A 7 day follow up contact must be made via the prison in reach team.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Exclusions:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patients that have been discharged and then legal precedence has forced the removal of a patient from the country:</strong></td>
</tr>
<tr>
<td>All patients that are forced by legal precedence to move out of the country are no longer the responsibility of the Trust and can be excluded from the indicator.</td>
</tr>
<tr>
<td><strong>Patients discharge/transferred to another NHS Psychiatric Unit:</strong></td>
</tr>
<tr>
<td>All patients that are discharged/transferred to NHS psychiatric units/wards can be excluded from the indicator and the responsibility of completing the 7 day follow up lies with the receiving NHS Trust.</td>
</tr>
<tr>
<td><strong>Patients who die within seven days of discharge</strong></td>
</tr>
<tr>
<td><strong>Patients who fall under other specialities, for example: the Children’s and Adolescent Mental Health Services (CAMHS), Substance Misuse Services (SM) and Learning Disabilities Services (LD):</strong></td>
</tr>
<tr>
<td>The indicator should include the number of people “under Adult mental illness specialities” only.</td>
</tr>
</tbody>
</table>