Policy and Guidance on the Management of Leave for In-Patients
(Including Section 17 Guidance)

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1. **INTRODUCTION**

For patients receiving care and treatment within mental health services periods of leave from the ward play an important part in their treatment plan, particularly in relation to discharge planning. However, all decisions to grant a period of leave from the ward must be based on a thorough and documented assessment of clinical risk taking into account:

- The fact that a patient’s risk profile will change once they are off the ward and no longer under the supervision and care of clinical staff;
- Any issues with treatment compliance;
- The risk of the patient absconding from the local area;
- The risk of the patient refusing to return to the ward;
- Any safeguarding concerns once the patient returns home; and
- Feedback from any previous periods of leave from the ward.

This list is not exhaustive as the presenting risk will be different for each patient and for more detailed guidance staff should refer to the Trust Clinical Risk Assessment and Management Policy.

With regards to patients who are detained under the Mental Health Act 1983 (MHA 1983) the Code of Practice 2015 states that “while patients are detained in a hospital they can leave lawfully, even for a very short period, only if they are given leave of absence by their responsible clinician under Section 17 of the Act”.

This policy and guidelines outlines the processes that should be followed when the option of leave is being considered. It covers the steps to take where a patient is subject to detention under the MHA 1983 and where the patient is an informal inpatient.

2. **PURPOSE**

The service has a responsibility for preparing inpatients for a successful return to the community with periods of leave being an essential component of this preparation. The decision to grant leave of absence from hospital has to balance the contribution that leave makes to the patient’s rehabilitation against considerations for the safety of both the patient and others. The steps set out below should therefore be followed when leave is being considered for any inpatient.

3. **SCOPE**

This policy and guidelines applies to all Mental Health and Learning Disability wards and units within the Rotherham Doncaster and South Humber NHS Foundation Trust (the Trust) and should be read in conjunction with the CPA Policy (May 2017).
4. RESPONSIBILITIES, ACCOUNTABILITIES AND DUTIES

4.1 Mental Health Legislation Sub Committee

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

- Overseeing the implementation of the MHA 1983 within the trust;
- 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 Independent Mental Health Advocates

The role of the Independent Mental Health Advocate is to help qualifying patients (those detained under the MHA 1983 conditionally discharged, subject to guardianship or community treatment orders 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 conditions or restrictions the patient is subject to, for example, any arrangements made for Section 17 leave.

4.3 Responsible Clinician

The Responsible Clinician is responsible for authorising Section 17 leave of absence for any patient detained under the MHA 1983. In the absence of the patient’s Responsible Clinician (e.g. if they are on leave) permission for a period of Section 17 leave can only be granted by the Approved Clinician who is for the time being acting as the patient's Responsible Clinician.

When making any decision in relation to a patient having a period of leave from the inpatient ward the Responsible Clinician must in conjunction with the Multi- Disciplinary Team take account of the impact being away from the ward will have on the patient’s clinical risk profile. Whilst an identified increase in clinical risk will not necessarily prevent a patient from undertaking a period of leave a plan needs to be in place to evidence what steps have been taken to manage / minimise the risk.

4.4 Registered Mental Health and Learning Disability Clinical Staff within inpatient services

In relation to this policy all registered mental health and learning disability clinical staff must be aware of and comply with the contents of the policy.

At any time when they are in charge of the ward they will be
responsible for providing:

- ongoing monitoring in relation to the date when the section 17 leave authorisation is due to be reviewed;
- the MHA Office notification that a Section 17 leave form has been finalised by the Responsible Clinician on the electronic patient record;
- the patient with a copy of the Section 17 leave form;
- the patient’s nearest relative with a copy of the Section 17 leave form;
- the patient’s care coordinator a notification that there is a finalised Section 17 leave form; and
- for applicable patients, the notification to the South Yorkshire MAPPA Coordinator by completion of the MAPPA I Notification Form via the Trust's SPOC (refer to the Trust's MAPPA Protocol).

Registered Clinical staff should also:

- In the event of a patients clinical presentation deteriorating immediately prior to a period of leave take action to facilitate a review of the leave, or if the review is to be delayed revoke the leave subject to an MDT review;
- Be aware of the site that they are working on and the boundaries in relation to patients being granted ground leave (see Appendix 1 for site maps);
- Attend any training which is provided in relation to this policy;
- Bring to the attention of senior managers any concerns they may have under this policy.

4.5 Non-registered clinical staff within inpatient services

Any non-registered staff working within clinical services must:

- Be aware of this policy and its contents;
- Direct any patient who has a query about Section 17 leave to a member of registered staff; and
- Report any breaches to their line managers that they become aware of in relation to this policy.

4.6 Care Coordinator

It is the responsibility of Care Coordinators to:

- Be aware of this policy and its contents;
- Be involved in the planning of leave for patients they are working with;
- Support patients whilst on leave from the wards;
- Report back to inpatient staff as to the progress of the patient following any contact whilst leave is taking place.
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 policy the staff working in these offices are responsible for:

- The ongoing monitoring of the period of detention in relation to the date the section is due to lapse;
- The ongoing monitoring of the completion of the section 17 leave forms; and
- Any requirements in relation to consent to treatment provision.

5. PROCEDURE

5.1 GUIDANCE ON THE GRANTING OF LEAVE TO PATIENTS DETAINED UNDER THE MHA

5.1.1 What is Section 17 Leave of Absence?

For patients receiving care and treatment within mental health services periods of leave from the ward play an important part in their treatment plan, particularly in relation to discharge planning.

With regard to patients who are detained under the MHA 1983 the Code of Practice 2015 states that “while patients are detained in a hospital they can leave lawfully, even for a very short period, only if they are given leave of absence by their responsible clinician under Section 17 of the Act”.

However, it must be remembered that any period of leave cannot last longer than the duration of the authority to detain which was current when the leave was granted. The Care Quality Commission view is that where there is more than one Trust on a hospital site Section 17 leave will not be required to move from one Trust to another but such authority will be required to leave the hospital site.

Where hospitals comprise of a number of buildings which are not on the same site, leave of absence will be required for any period of absence involved in moving between those buildings. (Mental Health Act Commission Guidance Note: Leave of Absence and transfer under the MHA 1983 – March 2010)

5.1.2 Under which sections of the MHA 1983 can Section 17 leave of absence be given?

Leave of absence can be granted to any patient detained under the MHA 1983 except for those detained under Sections 35, 36, 38. However, leave of absence would not normally be granted to patients detained under Section 4, 5(4), 5(2) or 136.

Where the courts or the Secretary of State for Justice have decided that restricted patients are to be detained in a particular unit of a hospital, those patients require leave of absence (authorised via the Ministry of
Justice) to go to any other part of that hospital as well as outside the hospital.

5.1.3 **Who can grant leave of absence under Section 17?**

Only the patient’s Responsible Clinician has the authority to grant leave of absence under Section 17 and in the case of restricted patients this has to be with the approval of the Ministry of Justice.

The authority for granting Section 17 leave cannot be delegated, so the Responsible Clinician cannot ask someone else (such as a SHO) to do it on his or her behalf.

However, in cases where the patients Responsible Clinician is on annual leave or off sick, the covering Responsible Clinician temporarily in charge of the patient’s care and treatment, will have the authority for granting Section 17 leave.

5.1.4 **Granting of leave under Section 17**

Wherever possible, any period of leave should be planned in advance and agreed in consultation with all relevant personnel included in the patient’s care and treatment. When leave is being considered due consideration must be had to the patient’s current risk assessments. The Responsible Clinician can also make the leave subject to any conditions, which he or she considers necessary in the interests of the patient or for the protection of other people.

Periods of leave can be granted:

- Escorted (by staff)/unescorted in the Hospital Grounds;
- Escorted (by staff)/unescorted in the community;
- For a specific occasion;
- As recurring i.e. 2 hours per day to go out with staff;
- As short leave i.e. for a day or overnight;
- As extended leave i.e. 2-3 weeks at a time;
- Accompanied (with family/friends etc.).

**NB: ANY PERIOD OF LEAVE CANNOT LAST LONGER THAN THE DURATION OF THE AUTHORITY TO DETAIN**

5.1.5 **What needs to be considered prior to leave being granted?**

When considering and planning leave of absence, the Responsible Clinician should:

- Consider the potential benefits and any risks to the patient’s health and safety of granting or refusing leave;
- Consider the potential benefits of granting leave for facilitating the patients recovery;
- Balance these benefits against any risks that the leave may pose
in terms of the protection of other people;

- Consider any conditions which should be attached to the leave;
- Be aware of any safeguarding issues in granting leave;
- Take account of the patient’s wishes and those of carers, friends and others who may be involved in any planned leave of absence;
- Consider what support the patient would require during their leave of absence and whether it can be provided;
- Ensure that any relatives or friends who are to be involved in the period of leave for the patient are aware that they are not taking any legal responsibility for the patient as they remain under the care of the service;
- Ensure that any community services which will need to provide support for the patient during the leave are involved in the planning and that they know the dates, times and any conditions;
- Ensure that the patient is aware of any contingency plans in place for their support, including what they should do if they think they need to return to hospital early;

For patients having Section 17 leave in a Care Home or Supported Living, then consideration should be given as to whether the patient will be under continuous supervision and control and not free to leave. In circumstances where this is the case then a mental capacity assessment should be undertaken and recorded on an MCA1 to assess whether the patient is able to consent to the transfer and to the restrictions which will need to be in place whilst they are there. Where the patient lacks the capacity to give this consent then a best interest decision will need to be made (recorded on an MCA2) to decide whether or not it is in their best interests to be transferred to the temporary residence where they will be deprived of their liberty. A Deprivation of Liberty Safeguards (DoLS) standard authorisation should be then sought by the Registered Manager of the Care Home. Where possible this should be done before the person goes on leave. If there is insufficient time the Registered Manager should grant an urgent authorization on the day of admission.

For for patients in Supported Living who will be deprived of their liberty the funding authority (either the Local Authority or Clinical Commissioning Group) will need to seek authorization from the Court of Protection, prior to the leave being granted.

- (in the case of mentally disordered offenders) whether there are any issues relating to victims which impact on whether leave should be granted and the conditions to which it should be subject.

**NB:** UNDER NORMAL CIRCUMSTANCES LEAVE SHOULD NOT BE GRANTED IF THE PATIENT DOES NOT CONSENT TO RELATIVES OR FRIENDS WHO ARE TO BE INVOLVED IN THEIR CARE BEING CONSULTED

**5.1.6 Granting leave of absence for more than seven consecutive days**

When considering whether to grant leave for more than 7 consecutive days, or extending leave so that the total period is more than 7
consecutive days the Responsible Clinicians must first consider whether the patient should go onto a Community Treatment Order (CTO) instead. (This does not apply to restricted patients or to patients detained under Section 2).

This does not mean that the Responsible Clinician cannot use longer-term leave if that is the more suitable option, but they will need to be able to show that both options have been duly considered. Therefore, the decision and the reasons for it should be fully recorded in the patient's medical notes.

For further guidance on CTO's refer to the Trust Community Treatment Order Policy.

5.1.7 **Granting of leave for restricted patients**

Any period of leave for a restricted patient has to be approved in writing by the Secretary of State for Justice who should be given as much notice as possible of the proposed leave. It is the responsibility of the patients Responsible Clinician to request approval from the Ministry of Justice for restricted patients. Staff should refer to **Appendix 3** of this policy for the MHCS Guidance on Section 17 Leave (dated March 2015).

For patients who are also subject to MAPPA, the MAPPA I Notification Form should be completed and forwarded to the MAPPA Coordinator (refer to the Trust MAPPA Protocol).

5.1.8 **The recording of Section 17 leave**

The granting of leave under Section 17 and any specific condition attached to it should be recorded in both the patient’s nursing and medical notes as well as on the Section 17 Leave of Absence Form on the patient electronic record (**Appendix 2**) which has to be completed by Nursing Staff and finalised by the Responsible Clinician with copies going to:

- The patient;
- The patient's relative/friend if appropriate;

The following staff must be notified of the finalised Section 17 Leave form:

- Mental Health Act Office;
- Care Coordinator/Community Worker.

Information that has to be included on the Section 17 Leave Form:

- Date/s of the period of leave;
- Time from – to;
- Where the leave is to be taken;
- Who, if anyone, is to be with the patient whilst on leave and ensure that any relatives or friends who are to be involved in the period of leave for the patient are aware that they are not taking any legal responsibility for the patient as they remain under the care of the service;
• If it is for recurring leave, a review date;
• Any conditions/restrictions for whilst the patient is on leave;
• Who is to receive copies of the form.

**NB: THE SECTION 17 FORM MUST BE FINALISED ON THE ELECTRONIC PATIENT RECORD BY THE RESPONSIBLE CLINICIAN OTHERWISE LEAVE CANNOT PROCEED**

5.1.9 **Action to take if a patient requires urgent medical treatment**

If a detained patient needs to be moved to a general hospital as a matter of urgency for treatment for a physical disorder or an injury, staff will have the legal authority to move the patient if:

a) Leave has been granted by the Responsible Clinician in anticipation of such an event; or;
b) The Responsible Clinician has granted leave over the telephone at the time of the emergency.

However, if the urgency is such that there is no time to telephone the Responsible Clinician and staff do not have anticipatory leave granted, then the Mental Capacity Act 2005 provides the authority for the patient to be moved to the general hospital.

The Responsible Clinician will then be required to grant the patient leave of absence at the earliest opportunity.

5.1.10 **Who can revoke a period of leave?**

The patients Responsible Clinician or the Nurse in Charge of the ward can revoke leave at any time if he or she considers it necessary in the interests of the patient’s health or safety or for the protection of others.

Also any concerns from relatives or carers about how the leave is progressing and any concerns they may have must be taken seriously, and fully documented. If it is the case that the patient is actually on leave and concerns are expressed then serious consideration must be given to the reasons for recalling the patient and the effect recall would have on the patient, as well as how best to return the patient to the ward.

5.1.11 **Action if leave is revoked**

In all cases the reasons for revoking the leave are to be explained to the patient and the discussions should be recorded in their medical and nursing notes. For patients returned early from leave section 27.33 of the Code of Practice 2015 makes it a requirement for the revoking of the leave to be put in writing to the patient by their Responsible Clinician.

All other relevant persons should be notified of the patient's leave being revoked.
5.1.12 **Action to take if a patient fails to return from leave at the agreed time**

If a patient fails to return to the ward at the agreed time they are classed as absent without leave, and must be returned under Section 18 of the MHA 1983.

Staff should refer to the Policy for patients who are missing or absent without leave (AWOL) for guidance.

5.1.13 **Section 17 leave for patients requiring a stay in another hospital**

There may be instances where a detained patient has to stay on a medical or surgical ward for treatment. If the two hospitals are on different sites, Section 17 leave would be needed.

5.1.14 **Return from Leave**

After the patient returns from leave the named nurse should meet with the patient and their carer at the earliest opportunity to discuss how the leave went. The outcome should be summarised in the nursing notes in the patients electronic record, feedback given to the Care Coordinator, a discussion held within the MDT and the care plan reviewed and updated as necessary.

5.2 **GUIDANCE ON LEAVE FOR INFORMAL PATIENTS ON IN-PATIENT WARDS**

Informal patients are able to leave the ward at any time. However, leave of absence should normally be part of the patient’s treatment plan and therefore be decided after a multi-disciplinary discussion.

The decision for patients to go on leave should be informed by:

- The outcomes from any prior leave of absence;
- The patient’s own wishes;
- The views of members of the multi-disciplinary team;
- The views of any relevant relative, friend or supporter of the patient;
- The patient’s response to his/her treatment and care;
- The likelihood of the patient causing significant harm to themselves or others whilst on leave;
- Any other factors that may influence the success or failure of the leave; and
- The contribution that leave would have on the patient’s progress towards discharge.

The ward round or MDT meeting provides the best forum for deciding on leave of absence. In these meetings the clinical team, patient and others’ views on the patient’s progress can be discussed fully and the above points considered.

However, there may be occasions where the patient wishes to take leave outside the ward round or MDT meeting. On these occasions the nurse in charge should discuss the appropriateness of leave with a member of the
medical team and consider points 5.1.5 above before a decision is taken to allow leave.

The arrangements for leave should be recorded in the patient’s electronic record. Nursing staff must also record the address where the patient will be staying and know how he/she can be contacted if the need arises.

In the judgement of medical and nursing staff it may be preferable that the patient remains in hospital but short-term leave is allowed because of the desire to maintain engagement with the patient. On these occasions leave should only be agreed after a full assessment of the risks and benefits and a record of the decision must be made in medical notes.

There are two remaining options if leave is not agreed because it is judged to be counter-therapeutic but the patient still wishes to leave and these options are:

- Discharge “against medical advice”;
- Use of the holding powers under the provisions of Section 5(4) or 5(2) of the MHA 1983, if in the opinion of the nurse or doctor, a Mental Health Act assessment is necessary because the patient appears to meet the criteria for detention under Section 2 or 3.

The outcome of the leave should also be discussed in the next ward round or MDT meeting and used to inform the patient’s management plan. Again, a summary of the outcome of the leave should be made in the patients’ electronic record.

5.2.1 **Failure to return from leave**

Where a patient fails to return from leave at the specified time the ward staff should attempt to make contact with the patient via the telephone and establish the reason for the failure to return. Any requests from the patient for an extension of leave should normally be discussed with the medical team before being allowed. However, nursing staff should exercise judgement when members of the appropriate medical team are unavailable, e.g. over the weekend.

Where the ward staff are unable to make contact or have any concerns regarding the safety of the patient or others then direct contact must be attempted with the patient. The situation must be discussed with a member of the medical team and consideration given to a visit to the patient’s address by ward staff or community team staff.

5.2.2 **Return from leave**

After the patient returns from leave the named nurse should meet with the patient and their carer at the earliest opportunity to discuss how the leave went. The outcome should be summarised in the patients electronic record, feedback given to the Care Coordinator, a discussion held within
the MDT and the care plan reviewed and updated as necessary.

6. TRAINING IMPLICATIONS

There are no separate identified training needs in respect of the contents of this policy as an explanation of Section 17 leave of absence is included in the Trust Mental Health Act training, and a programme of clinical risk assessment training is delivered to clinical staff.

Clinical staff will also be made aware of the review and reissuance 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; and
- 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>
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<tbody>
<tr>
<td>Compliance with the standards set out in this policy and the requirements of the Mental Health Act 1983 in respect of detained service users.</td>
<td>Clinical records audit.</td>
<td>Modern Matrons and Ward Managers.</td>
<td>Care Group Leadership and Quality groups.</td>
<td>To be agreed by each inpatient business division as part of their audit cycle.</td>
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8. EQUALITY IMPACT ASSESSMENT

The completed Equality Impact Assessment for this Policy has been published on this Policy’s webpage on the Trust website.

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, ‘\textit{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).

8.2 Mental Capacity Act

Central to any aspect of care delivered to adults and young people aged over 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.

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.

9. LINKS TO OTHER TRUST PROCEDURAL DOCUMENTS

- CPA Policy;
- Policy for service users who go absent without leave.

10. REFERENCES

- Mental Health Act 1983 Code of Practice (2015);
- Mental Health Act Commission-Tenth Biennial Report 2001-2003;
- Mental Health Act Manual 17th Edition (Richard Jones);
- Ministry of Justice–Mental Health Casework Section: Section 17 Leave of Absence (March 2015);
- CQC Guidance Note: Leave of Absence and transfer under the Mental Health Act 1983 – March 2010.

11. APPENDICES

Appendix 1 - Tickhill Road and Woodfield Park Site Boundaries
Appendix 2 - Record of granting Section 17 Leave of Absence/Ground leave for detained patients
APPENDIX 2

ROtherham Doncaster and South HumBer NHS Foundation Trust
Mental Health Act 1983
Record of granting Section 17 Leave of Absence/Ground leave for detained patients

Name: ___________________________ Section: ___________________________

Ward: ___________________________ Hospital: ___________________________

The above named patient has been granted leave of absence in accordance with Section 17 of the Mental Health Act 1983, and leave is authorised, as follows:

NB: Only the patient’s Responsible Clinician can grant a detained patient Leave of Absence. If nursing staff prevent leave which has been granted, the Responsible Clinician should be informed as soon as possible. Leave can be suspended if mental state deteriorates.

**Escorted Day Leave – Community**

(i) between the hours of: ........................ am/pm* and ............................ am/pm*
(ii) for periods of: ................................. hours* ................................. day(s)/week

*Address (must be entered):*

Conditions of leave, if any, are as follows:
(ensure staffing ratios and any gender restrictions are stated)

**Escorted Day Leave – Hospital Grounds**

(i) between the hours of: ........................ am/pm* and ............................ am/pm*
(ii) for periods of: ................................. hours* ................................. day(s)/week

*Address (must be entered):*

Conditions of leave, if any, are as follows:
(ensure staffing ratios and any gender restrictions are stated)

**Unescorted/ Accompanied Day Leave**

(i) between the hours of: ........................ am/pm* and ............................ am/pm*
(ii) for periods of: ................................. hours* ................................. day(s)/week

*Address (must be entered):*

Conditions of leave, if any, are as follows:

**Overnight Leave**

From: Date: ................................. Time: .................................
To: Date: ................................. Time: .................................

*Address (must be entered):*

Conditions of leave, if any, are as follows:

If leave is for 7 consecutive days or more, Supervised Community Treatment must be considered where it is statutorily appropriate
(Any decision and reasons not to use SCT must be recorded below)
REVIEW DATE
These arrangements will continue until they are REVIEWED on, or before .................. (Date/Time)

(Restricted Patients only)
Ministry of Justice Permission

Please confirm that MoJ permission has been granted:  Yes □  Date of letter from MoJ .....................

If the patient does not return to the ward at the appropriate time or is known to have breached the conditions laid out above, the following action should be taken:

In case of difficulty please contact:
Name:  Tel No:
Name:  Tel No:

RC to complete and sign: ..........................................................................................................................

Prior to completing this Section 17 Leave Form I can confirm that I have checked the validity of the Section papers Yes/No or the validity has been checked and confirmed by........................................ on my behalf.

I the undersigned, being the Responsible Clinician, (or the nominated deputy, an Approved Clinician acting as the patient's Responsible Clinician) do hereby give permission for the above patient to be on leave from this Hospital.

SIGNED:  ____________________________________
**Nursing Staff to complete and sign:**
The following persons have been notified of these arrangements:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to patient</th>
<th>Details of staff member who notified them</th>
<th>How? ie; by phone or MDT</th>
<th>Date</th>
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**Original Form to be forwarded to the MHA Office:**

<table>
<thead>
<tr>
<th>Copies to:</th>
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<th>Date</th>
<th>Signed:</th>
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<tr>
<td>Patient</td>
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<tr>
<td>Nearest Relative</td>
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<tr>
<td>Care Co-coordinator</td>
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<tr>
<td>Patient’s Notes</td>
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<tr>
<td>Other…………………..</td>
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RDaSH12a
Form: Section 17
Date: November 2014
Version: 4
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1. Section 41(3)(c)(i) of the Mental Health Act 1983 requires a responsible clinician to obtain consent from the Secretary of State before granting section 17 leave to a restricted patient. No patient may leave the hospital or unit named on the authority for detention without such consent.\(^2\)

POLICY ON SECTION 17 LEAVE FOR RESTRICTED PATIENTS

2. The Secretary of State recognises that well thought out leave, which serves a definable purpose and is carefully and sensitively executed, has an important part to play treating and rehabilitating restricted patients. It also provides valuable information to help responsible clinicians, and the Secretary of State, in managing the patient in hospital, and to all parties, including the Tribunal, when considering discharge into the community.

3. To help responsible clinicians provide all the information required by the Secretary of State to assess escorted or unescorted leave proposals, a leave request form is available on www.justice.gov.uk and at Annex A. Responsible clinicians should also submit any additional information that they consider would assist the Secretary of State to reach a decision.

4. The Secretary of State expects leave programmes to be designed and conducted in such a way as to preserve public safety and, where appropriate, respect the feelings and fears of victims and others who may have been affected by the offences.

5. The Secretary of State will often consent to programmes which give responsible clinicians an element of discretion as to leave arrangements. However, there will be circumstances where consent is given on the understanding that the responsible clinicians will limit leave or add certain conditions, for instance, when a patient needs to visit a proposed discharge placement, or where leave at the responsible clinician's discretion is not appropriate for reasons of risk or sensitivity.

6. Once agreed, the Secretary of State's consent to leave remains in operation unless the circumstances of the patient's health or other factors change the risk assessment. This means that the responsible clinician should make a careful risk assessment of the patient before each instance of leave. If there are any doubts that the leave should take place, it should be stopped. The responsible clinician should inform the relevant caseworker in Mental Health Casework Section immediately should any change occur that affects the basis on which the Secretary of State's consent has been given, particularly any factor that changes a patient's risk.

LEAVE REQUEST FORM

7. To help ensure that the Secretary of State receives all of the information necessary to take a decision, a leave request form is provided for responsible clinicians (see Annex A).\(^3\) In addition to the details below, the form also asks for a report on leave already taken to be attached and contact with

\(^1\) Where section 47 of the Crime (Sentences) Act 1997 applies.

\(^2\) Historically, MHCS had entered into agreements with some hospitals for some restricted patients to take leave beyond the hospital perimeter, for the purposes of accessing wider grounds or local shops. These agreements are no longer in force.

\(^3\) A shorter version of the form is available for requests for leave for the purposes of medical treatment (see para 19 below).
the Victim Liaison Officer, if there is one. This should be supplemented with any additional information that the responsible clinician considers would assist the Secretary of State. Examples of such information would include additional material which explores the context, purpose and therapeutic benefits of proposed leave. Additional requests for progress reports on leave will only be made by MHCS if and when the caseworker requires further information.

8. In support of any request for leave for a restricted patient, the Secretary of State requires the following information:

- the aims of the proposal and the anticipated benefits for the patient’s treatment and/or rehabilitation;
- the potential risk of harm to the public, taking into account the nature and adequacy of safeguards. Responsible clinicians must also consider any other risk factors which apply individually to the patient, particularly any risks to victims and their families, consulting with the Victim Liaison Office where appropriate;
- any potential public concerns or media attention, and any measures proposed in response to such concerns;
- 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, any measures proposed in response to such concerns; and
- where leave for rehabilitation purposes is proposed, a plan of the periods of leave which are being requested for the patient, setting out:
  - the destinations of the leave;
  - length of absences from the hospital;
  - the escorting arrangements, where applicable;
  - the part which the individual leaves will play in the overall treatment plan;
  - what, specifically, each instance of leave will seek to achieve;
  - how the leave will be monitored, whether by escorting staff or through the patient’s own report or both; and
  - how the success or otherwise of the leave will be assessed and measured.
  - any incidents of abscond or escape.

9. MHCS aims to make a decision on all requests for community leave as soon as possible on receipt of all relevant information. Clinical teams should note that relevant information may extend to details that are additional to that provided on or with the application form. For patients who have had any ground leave or previous community leave, a report on this leave is needed to assess any further application for leave.
SPECIFIC TYPES OF LEAVE

‘Ground Leave’

10. The responsible clinician has complete discretion to allow the restricted patient access to the grounds of the hospital or unit in which the detention authority requires his detention. The detention authority means here the hospital order, hospital direction, transfer direction, warrant of recall or letter agreeing to trial leave or transfer. That authority may name a complete hospital, a named unit within a hospital, or a specific level of security within a hospital. It is for the hospital or unit to define its own geographical boundaries. If the responsible clinician wants to allow the patient beyond the boundaries of the hospital or unit named on the detention authority, then he needs the Secretary of State’s agreement. So, for example, if the responsible clinician has a patient whose order states a particular Unit as the place in which the patient is detained and the responsible clinician wants to allow access to the grounds of the Hospital, an application for section 17 leave into the community must be submitted to the Secretary of State.

11. If the responsible clinician wishes to allow the patient to access wider hospital grounds, beyond the hospital or unit named on the detention authority, MHCS may consider using section 19 to transfer him to a wider range of units. However there is often little difference in public safety terms between access to a whole hospital and to the community at large, so such requests should always be accompanied by a robust risk assessment and be carefully scrutinized.

12. Where the detention authority names an entire hospital, the responsible clinician’s discretion extends to all the facilities the hospital comprises. This may include non secure step-down facilities outside the hospital perimeter.

Escorted Community leave

13. If the Secretary of State has given consent for escorted leave to take place, the patient will remain in the custody of the escort who has powers to convey and restrain the patient. It is for the hospital to assess the number of escorts required and the level of training and experience such staff must have. In certain cases, typically where the Secretary of State is giving consent for compassionate or medical leave to a patient who would not otherwise leave the hospital, consent may be granted with additional requirements. These may include a specified numbers of escorts, or other conditions such as requiring travel directly to and from the venue without intermediate stops, or requiring secure transport.

Unescorted community day leave

14. The Secretary of State will generally agree to unescorted leave at the responsible clinician’s discretion when satisfied that the patient is sufficiently rehabilitated to respect the conditions of leave, behave safely in the community and abide by the time limits set for return to hospital. Hospitals are reminded that unescorted community leave is the point at which the MAPPA that ‘owns’ the case
should be notified that a MAPPA eligible offender is approaching the stage at which discharge is possible. Part 2 of the MAPPA 1 form should be used for this purpose.

**Overnight leave**

15. As patients approach the stage of their rehabilitation where they are close to discharge, it is common for responsible clinicians to ask for overnight leave. As with any application for leave, the Secretary of State will only consent to overnight leave if satisfied the proposal does not put the patient or others at risk. The Secretary of State will consider each application for overnight leave on its merits, but may require that the number of nights away from the detaining hospital is limited where this is necessary for the safe rehabilitation and testing of the patient.

16. Where the Tribunal has made a deferred conditional discharge and the proposed discharge address is a hostel or other housing placement, which insists on a minimum period of overnight assessment of the patient, the Secretary of State will consider any request for overnight leave in the context of that decision, so as not to frustrate the proposed discharge. Nonetheless, the Secretary of State will not grant permission for leave unless he is satisfied that it does not put the public, or patient, at risk.

**Holiday type leave**

17. As set out above, the Secretary of State expects programmes of section 17 leave to be designed and conducted in such a way as to preserve public safety and, where appropriate, respect the feelings and possible fears of victims and others who may have been affected by the offences. When considering any request for overnight leave to activity centres or any facility offering "holidays" or whose description gives the impression that it is a holiday centre, particular scrutiny will be given to the expected therapeutic benefits of such leave, the proposed arrangements for any escorts and the availability of support for the patient should they become unwell.

**Leave outside England and Wales**

**Scotland**

18. Section 17 leave to Scotland from England and Wales can be permitted subject to appropriate assessments of risk. Escorts from both Scotland and England & Wales have the necessary powers of custody in both jurisdictions. Explicit agreement for the period of leave will be sought from the Scottish Executive.

**Northern Ireland**

19. Section 17 leave to Northern Ireland may also be permitted subject to appropriate assessments of risk with escorts from England & Wales having powers under the MHA to take into custody any
patient who absconds or escapes. For unescorted leave, the patient may similarly be taken into lawful custody should it become necessary, with the intention of returning them to England & Wales.

Compassionate leave

20. Leave may sometimes be sought for compassionate reasons for patients who would not otherwise qualify, either on risk grounds or because they have been in hospital for too short a time to have been assessed for community leave, for example to visit a terminally ill relative or to attend a funeral. These applications tend by their nature to be urgent will be dealt with as a priority. The Secretary of State will look sympathetically on such requests, but must still be satisfied with the risk management arrangements in place.

Leave for the purposes of medical treatment

21. There are occasions when restricted patients are required to attend medical appointments for assessment or treatment. Secretary of State permission is required for a restricted patient to attend such appointments outside the secure hospital, unless permission for escorted or unescorted community leave at the responsible clinician’s discretion has been previously granted, and that permission has not been revoked. In the event that a patient is required to attend a medical appointment outside the secure hospital, the responsible clinician should submit a formal request. If satisfied that attendance is necessary and that the risk management arrangements, including physical security are sufficient, the Secretary of State will issue a general permission for a specific patient, subject to the exceptions outlined below, for medical leave to be taken at the responsible clinician’s discretion. Requests for Secretary of State permission to allow restricted patients to attend medical appointments/treatment should contain:

- Initial reasons for the appointment/treatment
- Clear evidence that any risk factors have been addressed.
- A full risk management plan including any physical security arrangements.
- Current mental state and compliance.
- Risk of absconding.
- Details, if applicable, of whether the appointment will take the patient into any exclusion zone or into the proximity of any victim
- Further information if there are unusual circumstances e.g. likely to attract national media interest
A form is available for requests for medical leave (see Annex B) although it is acceptable for an email or other communication to be sent, providing it contains all the relevant information.

22. The Secretary of State permission will be a general consent enabling the responsible clinician to arrange for the patient to attend medical appointments when necessary. Any appointments or treatment received by the patient should be recorded and included in the Annual Statutory Report submitted to the Ministry of Justice. If there are incidents of the leave being misused or evidence of behaviours which pose a risk to the public or patient, the leave must be suspended and the Ministry of Justice (MHCS) informed immediately.

**NB. It remains the responsibility of the responsible clinician to immediately suspend the general permission for medical leave if there are concerns that the patient’s behaviour causes a risk to others or to the patient themselves.**

**Exceptions to a general permission for medical leave**

23. Applications for patients who are considered by the Secretary of State to pose an increased risk to the public will require permission to be obtained for specific appointments as the arrangements will need to be individually agreed, including the duration of the permission. The Secretary of State will indicate whether applications are in this category when he responds to the responsible clinician's initial request. Leave will be granted for the purposes specified in the request for medical leave and in line with a proposed risk management plan. Any changes to the need for the leave or the plan must be notified to the MHCS Casework Manager in writing. Further advice should be obtained from the MHCS Casework Manager.

**Leave for emergency medical treatment**

24. Aside from routine medical appointments or treatment, there may be occasions when a patient needs to receive urgent or emergency treatment. This will include acute medical emergencies such as heart attack, stroke, serious burns or penetrative wounds but may also include situations which are not life threatening but still require urgent treatment e.g. fractures. Although Secretary of State consent should be obtained wherever possible, it is recognised that patients may have to attend hospital at very short notice. Responsible clinicians may use their discretion, having due regard to the emergency/urgency being presented and the management of any risks. MHCS must however be notified, as soon as is practicable, that the patient has been taken to hospital, what risk management arrangements are in place and must be kept informed of developments, especially the return of the patient to the secure hospital/unit. Outside office hours, hospitals should notify the out of hours switchboard. If the patient is high profile or there are unusual circumstances, the switchboard will contact the MHCS duty officer.
Short-term leave to Scotland

25. Explicit agreement must be sought for any trip across the border. Any leave request will be risk assessed by the Secretary of State in the usual fashion. If the Secretary of State is minded to give consent for such leave, the Scottish Government will be consulted. It is possible for leave to Scotland to be escorted.  

REPORTS ON COMPLETED LEAVE

26. In order to consider any request for leave, the Secretary of State will require an up to date report on all previous leave taken. In giving consent for leave, the Secretary of State will consider whether additional reporting is required, and any such requirement will be set out in the letter granting consent for leave. A form is available for reports on completed (see Annex C). This form may also be used to report changes in the patient’s circumstances such as:

- a change or cessation of medication;
- self harming;
- the involvement of the patient in an incident in, or outside, the hospital;
- abuse of substances; or
- the added stress of bad news from outside or from another stressful occasion.

27. Notwithstanding requests for specific reports on leave, details of progress made on community leave should always form part of the annual statutory report.

WITHDRAWING CONSENT FOR LEAVE

28. There will be occasions when it is necessary for the Secretary of State to withdraw consent for leave under section 17. This may be as a result of a patient not complying with conditions of leave, or because their behaviour or actions indicate a real or potential increase in risk to others or themselves. A responsible clinician may also take action to suspend a patient’s leave for similar reasons and must advise the relevant caseworker in MCHS immediately.

29. In making this decision, the Secretary of State will consider matters such as:

- whether the patient’s condition has relapsed or, if the problem was a behavioural one.
- whether the incident that caused leave to be rescinded was “one-off”;
- whether or not the patient was the main instigator and, if they were, whether the patient shows appropriate remorse which has been consistent and sustained as has a further period of stable behaviour; and
- What the factors were which contributed to the infraction, and how they have been addressed so as to reduce the risk both of any recurrence and of its severity & impact were it to recur.

See the Mental Health (Cross-border Visits) (Scotland) Regulations 2008.
any plans that might have been put in place by the responsible clinician requiring the patient to demonstrate certain behaviours before leave can be reinstated.

MHCS is always willing to discuss the best course of action in an individual case.

**LEAVE FOR COURT PROCEEDINGS**

30. Where a court directs the attendance of a patient, the Secretary of State will rarely refuse consent to leave under s.17. However consent for leave must still be sought. For those patients detained under Section 48 of the Act, general permission will be provided on the assumption that legal proceedings will inevitably need to be completed. This will take the form of a formal notification, on admission, advising that ‘Secretary of State permission for the attendance at court for the purposes of legal proceedings is given’.

31. With regard to patients detained under sections 37/41 and sentenced prisoners transferred under sections 47/49 the following details will be required:

- Date(s) when attendance is required.
- Details of the Court, including location.
- Reasons for attendance.
- Whether consideration has been given to the patient attending the hearing via a video-link.
- Arrangements for transporting the patient to court, including physical security e.g. number of escorts/secure van/necessity for handcuffs.
- Details, if applicable, of whether attendance will take the patient into any exclusion zone or into the proximity of any victim.
- Further information if there are unusual circumstances e.g. likely to attract national media interest.

An email to the Mental Health Caseworker will suffice. The expectation is that providing all the relevant information is received, permission will be granted within 48 hours.
Leave to attend Court for legal proceedings other than criminal

32. Some restricted patients may be required to attend court for purposes other than criminal proceedings, for example to attend the Family Court. Secretary of State permission is also required for this purpose and the details above should similarly be provided by email, giving as much prior notification as possible.

33. Where a patient’s attendance is not strictly required but is voluntary or may be seen as useful to the administration of justice, the Secretary of State will consider all applications on merit.

34. Restricted patients should not attend court hearing unescorted without the Secretary of State’s express agreement.

Restricted patients who become the subject of Police enquiries while an inpatient

35. Occasionally a patient may be the subject of police interest, for example if an alleged offence has taken place while in hospital, or if earlier allegations come to light and are then to be investigated. Were that to occur while the subject is in Prison, the Police are permitted to arrest an individual and take them to a Police station for questioning, returning them to the prison thereafter. In a parallel manner, if the Police decide to arrest a restricted patient in hospital and take them to a Police station for questioning, the consent of the Secretary of State is not necessary. It will however be the responsibility of the Police to transport the patient between Police station and hospital and prior to this occurring the Police should be informed in writing that the person is a detained patient subject to the provisions of the Mental Health Act and who must be returned to the unit at the conclusion of questioning. Arrangements should also be made for an appropriate adult to accompany and assist the patient at the police station as necessary. The MHCS should be informed of the matter in advance of the circumstances, and of the patient’s return to hospital.

PRISONERS SUBJECT TO DIRECTIONS UNDER SECTION 45A OR TRANSFERRED UNDER SECTIONS 47 AND 48 OF THE MENTAL HEALTH ACT 1983

Patients Transferred under section 47/49 or patients subject to section 45A directions

36. As a general rule, a patient who was sentenced and directed to hospital by the Court under section 45A or who has transferred from prison under section 47/49 will not be permitted privileges while detained under the Mental Health Act in hospital (example e.g. community leave) that he or she would not have been able to access whilst in prison. The presumption for many of these patients is that their care pathway will see their return to prison to continue their sentence rather than release into the community. However as this is not always the case, discretion is needed and the Secretary of State will consider requests for community leave on an individual basis.
37. As with all patients, when considering a request for community leave for a transferred prisoner, the Secretary of State, will always have in mind the ongoing protection of the public. Factors relevant to this consideration include any history of absconding or escape. For transferred prisoners, it will be necessary to review their history in prison and in hospital. Careful consideration will be given to the potential increase in the patient’s risk and the likelihood of them being in the community without the necessary supervision and support.

**Escorted leave**

38. Escorted leave may be an important part of treatment and rehabilitation for directed and transferred prisoners. When applying for such leave, responsible clinicians should always have in mind the general principles set out in paragraphs 2-6 above and must ensure, if granted, that the leave is conducted in such a way as to safeguard public confidence in the restricted patient system. Responsible clinicians also need to bear in mind that the granting of escorted leave to transferred prisoners should not be taken as an indication that unescorted leave will follow. However, unescorted leave may be appropriate where a patient is going to be released into the community e.g. if the prison sentence is about to expire.

**Compassionate leave**

39. Requests for leave for compassionate reasons will be considered in line with paragraph 19 above.

**Unescorted leave**

40. In line with Prison Service policy on Release on Temporary Licence (ROTL), prisoners directed or transferred to hospital who are likely to be released into the community from hospital will be eligible to be considered for unescorted leave on one of the following dates (whichever is the later):

- 24 months before the prisoner’s Parole Eligibility Date (PED) or, where applicable, 24 months before the conditional release date (CRD), or
- once they have served half the custodial period less half the relevant remand time.

41. In order to save misunderstandings or difficulties in calculating the ROTL eligibility date, the H1003 form that MHCS obtains from the prison when a prisoner is transferred now contains a box for the ROTL date and it is the prison’s responsibility to complete this. Responsible clinicians should contact the relevant MHCS Casework Manager if they have doubts concerning the relevant date.

**Overnight leave**

42. Directed or transferred prisoners who are subject to the parole process can be considered for overnight leave if there are clear therapeutic reasons for the leave and the prisoner is three months away from their Parole Eligibility Date or have completed their tariff.

**Indeterminate Sentence Prisoners**

43. Transferred or directed indeterminate sentence prisoners fall into 2 categories:
“Technical Lifers”

44. These are prisoners whom the Secretary of State agreed, exceptionally, to manage as if the Court had made a restricted hospital order instead of a life sentence. The process was ended in 2005, so the number of such prisoners in hospital has diminished. Applications for section 17 leave for technical lifers should be treated as if they were detained under sections 37 and 41.

Other Indeterminate Sentence Prisoners

45. Most indeterminate sentence prisoners in hospital will be serving life sentences or indeterminate sentences for public protection. They will be subject to hospital directions or transfer directions. Their release will ultimately be ordered on licence by the Parole Board. If the Secretary of State is asked to consider a request for leave, the responsible clinician must also address the question of why the patient should not be remitted to prison.
ANNEX A

Leave application for restricted patients
Mental Health Casework Section

Please send the completed form to the Mental Health Casework Section at
MHCSTeam1@noms.gsi.gov.uk (case letters A-Gile); MHCSTeam2@noms.gsi.gov.uk (case letters Gilf-Nev); MHCSTeam3@noms.gsi.gov.uk (case letters New-Z) or fax on 0300 047 4387 (case letters A – GEO) or 0300 047 4395 (GEP – NEAL and NEAM – Z)

Patient’s basic details

Full name of patient
Date of birth
MHCS reference
Location of index offence

Responsible clinician’s details

Responsible clinician
Address

Telephone number
Fax number
Email address

Leave proposal

Please note that any leave taking place outside the designated security perimeter of the named unit, hospital or ward requires Secretary of State approval unless the hospital has a current agreement with the Mental Health Casework Section specifically devolving agreement to the Responsible Clinician.

Type of leave proposed
☐ Compassionate
☐ Escorted community
☐ Overnight
☐ Unescorted community

Other (please specify)

Previous types of leave taken
Compassionate
Escorted community


Other (please specify)

☐ Overnight  ☐ Unescorted community

Report on current leave (frequency, duration, destination, purpose and conduct)

Please give details of the leave proposal, including:
- the purpose of the leave
- if escorted, the number of escorts
- future leave plans, if proposal agreed
- full address of the leave destination
- means of transport, if any
- views of care team, if different

Patient’s condition

**Mental state** – please describe the patient’s mental state, including:
- how long the patient has been stable
- what insight, if any, the patient has into his or her illness
**Behaviour** – please describe the patient’s behaviour, including any incidents of:
- aggression
- self-harm
- substance abuse
State what effect these have had on the patient and how they will be addressed.

**Compliance** – to what extent does the patient:
- accept the treatment programme?
- comply with medication?

**Risk**
**Risk to victims and others** – what is your assessment of the risk (including further offending, or a possible encounter) that the patient would present to:
- past victims?
- any specific group?
- the public in general?
How do you propose to address these risks?

**Victim Consideration & VLO contact** – have you contacted the VLO to get the victim’s views on unescorted leave (please give full and frank account of victim’s views)

| Name of VLO: | Tel. No. | Date of Contact: |
Risk of absconding – what is your assessment of the patient’s current risk of absconding? How do you propose to address this risk?

Responsible clinician’s signature

Date
Please send the completed form to the Mental Health Casework Section at: MHCSTeam1@noms.gsi.gov.uk (case letters A-Gile); MHCSTeam2@noms.gsi.gov.uk (case letters Gilf-Nev); MHCSTeam3@noms.gsi.gov.uk (case letters New-Z) or fax to 0300 047 4387 (case letters A – GEO) or 0300 047 4395 (GEP – NEAL and NEAM – Z)

With immediate effect, each occasion of leave for medical appointments or treatment will require the written consent of the Ministry of Justice. **If the Secretary of State has previously granted permission for escorted or unescorted community leave at the Responsible Clinician's discretion, and that permission has not been revoked, no further application for leave is required.**

### Patient’s basic details

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<th>Description</th>
<th>Details</th>
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<td>Full name of patient</td>
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<td>Date of birth</td>
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<td>MHCS reference</td>
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<td>Location of index offence</td>
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### Responsible clinician’s details

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<th>Description</th>
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<td>Responsible clinician</td>
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### Leave proposal

Please note that any leave taking place outside the designated security perimeter of the named unit, hospital or ward requires Secretary of State approval **unless** the hospital has a current agreement with the Mental Health Casework Section specifically devolving agreement to the Responsible Clinician.

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<tr>
<th>Type of medical leave proposed</th>
<th>Hospital</th>
<th>Dental</th>
<th>Other</th>
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Reason(s) for appointment:
(The precise nature of the treatment required)

Address of hospital/clinic/surgery etc:

Date(s) of appointments – if available
(Will follow up appointments be required?)

Escorting and transport arrangements (please specify if handcuffs will be used):
(Number of escorts and details of transport that will be used)

Current mental state and compliance:
(Whether in your clinical opinion the problem necessitates a medical appointment?)
Is the leave likely to bring the patient back to the area of the index offence or near to victim(s) of the offence?

Risk of absconing:

Responsible clinician's signature

Date
Annex C

Report on completed leave

Mental Health Casework Section

Please send the completed form to the Mental Health Casework Section on one of these fax numbers: 0300 047 4395 or 0300 047 4387.

Mental Health Casework Section expects to receive a report back on the leave approved as requested. It is unlikely that we will give permission for the next stage of leave until we have received a report on the previously granted leave. We expect to be informed immediately if there are any incidents or concerns (including details of abscond) if applicable.

Full name of patient

Patient’s date of birth

MHCS reference

Date leave agreed by MHCS

Number of leaves taken

Type of leave

| Escort | Unescorted | Overnight |

Report on leave

Please give details of the patient’s conduct during this leave and any changes that have been made in the care plans as a result of this. The following are areas that you should focus on:

- Attitude and behaviour
- Changes in risk assessment or victim issues
- Changes in mental state and medication
Please comment here on how this leave contributed towards the patient’s rehabilitation and future plans

**Responsible clinician’s details**

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