**Procedure for the Care and Treatment of a Patient Detained Under the MHA 1983 to a General Hospital Under Section 17**

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1. **INTRODUCTION**

There may be times when due to physical care needs, a patient detained under a section of the Mental Health Act (MHA) 1983 may require to receive treatment on a General Hospital ward which cannot be appropriately provided on an inpatient ward within the Trust.

In these circumstances the patient will be granted section 17 leave to allow them to attend the General Hospital ward for treatment. Wherever possible, except in emergency situations, such transfers should be planned and what follows is guidance to ensure that the transfers are undertaken in a safe and consistent manner.

2. **PURPOSE**

The purpose of this procedure is to:

- Provide clinical staff with a clear framework in which to operate the legal requirements of the MHA 1983;
- Provide a consistent approach across the inpatient services in relation to the transfer of any detained patients to a General Hospital ward which support such transfers to be done in a timely and safe manner;
- Detail the responsibilities and duties of staff in relation to the transfer of any detained patients to a General Hospital ward;
- State what training is available to staff in relation to the MHA 1983; and
- Detail what arrangements the Trust has in place to monitor compliance with the contents of this guidance.

3. **SCOPE**

This procedure applies to all inpatient clinical staff working within the inpatient services of the Trust who in the course of their work may be involved in the transfer arrangements for a detained patient.

4. **RESPONSIBILITIES, ACCOUNTABILITIES and DUTIES**

4.1 **Mental Health Legislation Committee**

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

- Overseeing the implementation of the 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 Responsible Clinician/Consultant Psychiatrist (Approved Clinician) on-call

The Responsible Clinician/Consultant Psychiatrist (Approved Clinician) on-call will:

- Authorise section 17 leave for any detained patients who require treatment on a General Hospital ward; and
- Liaise with the medical team, on the ward where treatment is to be given, about the transfer and the current/proposed treatment plan for the patient.

4.3 Registered Clinical Staff within inpatient services

In relation to this procedure all registered clinical staff must be aware of, and, comply with the contents of the procedure when making arrangements for the transfer of a patient who is detained under the MHA 1983 to a general hospital ward under section 17. At any time when they are in charge of the ward they will be responsible for:

- Liaising with the receiving ward about the transfer arrangements;
- Making arrangements for copies of all the necessary statutory and additional paper work to be transferred with the patient;
- Making arrangements as necessary for the safe transport of the patient;
- Arranging adequate staffing levels to provide a staff escort to accompany the patient during the transfer;
- Notifying the Mental Health Act office of the transfer details either prior to, or as soon as possible after, the transfer has occurred;
- Keeping the patient informed of what arrangements are being put in place; and
- Notifying the patients nearest relative/carer/friend of the transfer arrangements (subject to the patients consent).

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 this policy.

4.4 Non-registered clinical staff within inpatient services

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.
4.5 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:

- Copying the patients original detention papers so that copies can be provided to the receiving ward; and
- The ongoing monitoring of the period of detention in relation to the date it is due to lapse, when the section 17 leave authorisation is due to be reviewed, and any requirements in relation to consent to treatment provisions.

5. PROCEDURE

A decision to transfer a patient to receive care/treatment on a General Hospital ward will normally be made when it is felt by the multi disciplinary team that their physical care needs can only be safely met on a General Hospital ward. Wherever possible, except in medical emergency situations, transfers should be planned, particularly if the patient is to be transferred for a pre-booked medical/surgical procedure, including day surgery, or is to undergo an investigation which requires them to be transferred to a more appropriate environment. The RDaSH medical staff will have undertaken a medical assessment to determine that such a transfer is appropriate and will have sought advice from the General Hospitals medical team.

NB The decision to proceed with any medical treatment for a physical condition on a patient who lacks capacity will need to be assessed and a best interest decision made by the treating clinical team at the General Hospital, not the RDaSH clinical team.

5.1 Capacity to Consent

In order to transfer the patient to the General Hospital Trust for treatment of their physical condition staff need to be clear that:

- the patient has got capacity to consent to the transfer – if so proceed with transfer
- if the patient lacks capacity to consent to the transfer – a MCA1 should be completed (to evidence the lack of capacity to consent) and a best interest decision should be made and evidenced on an MCA2 to facilitate conveyance

Consent is the voluntary and continuing permission of a patient to the particular intervention or decision in question. It is based on adequate knowledge and understanding of the purpose, nature, likely effect and risks of that intervention or decision, including the likelihood of its success of that intervention and any alternatives to it. Permission given under any unfair or undue pressure is not consent. Patients who lack capacity to consent cannot consent. Compliant acceptance of any intervention is not consent.
5.2 Pre Transfer

- The patient's risk assessment is to be updated by the multi-disciplinary team taking into account any new risk factors which may arise from the transfer of the patient into a different environment.

- A Section 17 Leave Form is to be completed by the patient's Responsible Clinician/Consultant Psychiatrist on-call, if the patient is to be transferred off site, to cover for the duration of their stay. However, in the event that the patient is expected to need a prolonged period of stay on the General ward or is going out of area, the need for continued detention under the MHA 1983 should be reviewed. A Section 17 Leave Form is not required if the patient remains on the same hospital site.

- For any patients who are to be transferred any great distance for a prolonged period of treatment on a General Hospital ward consideration should be given to the need for their care to be transferred to a local mental health provider under section 19. Such a transfer will allow for a quick response to their mental health needs by the local Mental Health service.

- The Nurse in Charge (Mental Health Services) is to contact the Nurse in Charge of the General Hospital ward the patient is to be transferred to, to discuss any specific risk or safety issues, the restrictions of the patient's detention, and whether or not the patient will require one-to-one nursing observations. (Please refer to section 5.5 of this procedure).

NB: THE DECISION ON THE LEVEL OF OBSERVATION THE PATIENT REQUIRES IS MADE BY THE MEDICAL AND NURSING STAFF ON THE MENTAL HEALTH UNIT AS PART OF THE RISK ASSESSMENT AND IS DETERMINED BY CLINICAL NEED

- For areas which use the integrated care pathway for the transfer of patients, this is to be completed and will accompany the patient. Within all other areas a brief written summary is to be prepared by the Nurse in Charge detailing all the discussion as above and this report will accompany the patient at the time of their transfer.

- Ascertain if the patient wishes their nearest relative/carer/friend to be notified of the planned transfer. If so, ensure that the nearest relative/carer/friend has details of which ward and a contact number.

- Where a patient is unable to give consent a best interest decision will be undertaken.

- In all cases, except where the patient is physically too unwell, the patient is to be given information about why the transfer is taking place, where they
are to be transferred to, what treatment they are to receive, and what support/contact they will have from the Mental Health Services.

- With the patients consent the above information is also to be provided to their nearest relative/carer/friend.
- For any patient who is unable to express a preference their nearest relative/carer/friend must be informed of the planned transfer.

5.3 Transfer of the Patient

- The transfer is to take place at a time which is mutually agreed between the mental health and General Hospital ward. Unless it is a medical emergency which requires immediate transfer.
- If needed, transport appropriate to the needs of the patient is to be arranged and staff should refer to the Trust policy on the Planned Discharge/Transfer of patients from Inpatient Services for further guidance.
- An appropriate staff escort (in line with the risk assessment) is to be arranged, the nurse in charge of the ward must:
  - Ensure that the accompanying staff member has all the relevant written information with them to hand over;
  - Phone the nurse in charge of the ward/service to which the patient is to be transferred, to give a verbal handover and answer any queries in respect of the patients legal status;
  - Provide a contact number for the receiving ward to use in the event of any further queries arising post transfer.
- A written referral letter written by the Responsible Clinician will be sent with the patient at the time of transfer (unless the transfer has been requested by the General Hospital medical team following their assessment of the patient).
- The clinical records from mental health services are NOT to be sent with the patient but staff should provide photocopies of any relevant information which may be needed by the General Hospital ward.
- Copies of the section papers are to be provided to the General Hospital ward.
- Contact details for the mental health ward are to be provided to the General Hospital ward so that they know who to contact in the event that they have any concerns or need advice.
- The patient’s drug card is to be sent with the patient as well as any copies of consent to treatment forms under the MHA (i.e T2 or T3 or S62 Forms).
Personalised medication they may be taking must also be sent with the patient.

- If consent has been given (or a best interest decision made) the patients nearest relative/carer/friend are to be notified that the transfer has taken place, to which ward, and a contact number for the ward provided.

5.4 Contact whilst on the medical ward

Any detained patient who is on a General Hospital ward under s17 leave remains the responsibility of the Mental Health Services so contact **MUST** be maintained throughout their stay. For patients who are not being cared for on one-to-one observations this contact is to be at agreed intervals of no less than daily and following each visit an entry is to be made in the patients clinical records detailing the patients mental state. Any concerns are to be immediately reported to the patients Responsible Clinician.

As it is important that the patient continues to receive the appropriate treatment to address their mental health needs whilst on a General Hospital ward there should also be agreement as to the frequency of any reviews by their Responsible Clinician, and these should be at intervals of no less than twice weekly.

5.5 One-to-one nursing observation of detained patients on a General Hospital ward

If it is felt by the Mental Health Team that patients will require one-to-one nursing it is important that:

- An environmental risk assessment is undertaken for the area in which the patient is to be nursed with particular attention to any equipment the patient may have access to, open windows, ligature points and risk posed to others;

- If at all possible arrangements should be made for the patient to be nursed in a single room rather than a dormitory as this will make it easier to control the safety of the environment and offer more privacy to the patient; and

- A one-to-one care plan is to be completed as per policy which will give details of any requirement for the one-to-one to be provided by a specific gender of staff, how long staff are to spend with the patient on one-to-one and how the handover of the one-to-one observation will be arranged.

**NB: FOR PATIENTS WHO ARE BEING NURSED ON ONE-TO-ONE OBSERVATIONS ON A GENERAL WARD, RDaSH STAFF ARE THERE TO MONITOR THE PATIENT’S MENTAL STATE AND ARE NOT THERE TO PROVIDE PHYSICAL CARE AND TREATMENT. HOWEVER THERE MAY BE CIRCUMSTANCES WHERE THERE IS A GOOD RAPPORT WITH THE PATIENT THAT IT IS MORE APPROPRIATE FOR THE RDaSH STAFF TO**
PROVIDE THIS AND THIS SHOULD BE MANAGED ON A CASE BY CASE BASIS.

5.6 Medical Responsibilities

Whilst it is expected that for the duration of their stay on the General Hospital ward there will be close collaboration between the mental health and physical health care teams, the physical health care needs of the patient will be the responsibility of the appropriate Physician/Surgeon and their Responsible Clinician will retain responsibility for their mental health needs.

5.7 Legal duties under Section 132

Staff must be mindful of the fact that their obligations in respect of section 132 continue whilst any detained patient is receiving care and treatment on a general ward. For full guidance, staff are to refer to the Trust procedure for informing detained patients of their legal rights under section 132 of the MHA 1983.

5.8 Transfer of Patients back to the Mental Health Ward

- Any transfer back to the mental health services should only take place if it has been decided that the patient no longer requires the medical care which had been provided by the general hospital ward and would have been discharged home had they not been detained;
- The transfer should be planned and arranged Doctor to Doctor;
- The Responsible Clinician will notify the ward of the agreed date and time for the patient to be transferred;
- The transfer should not take place outside of normal working hours;
- If the patient has been identified as having any long term physical care needs, discussion needs to take place as to:
  - How these can be met on a mental health ward;
  - If there are any staff training needs which need to be addressed to allow the patient’s health care needs to be met;
- Copies of the patient's medical notes from the general hospital are to be sent with them so that in the event of a relapse they are available for medical staff to view, and, for services which use the transfer integrated care pathway this will be completed by the general hospital staff and returned with the patient.
• Nearest relative/carers/friends are to be notified of the patients transfer back to the mental health ward. (Subject to the patients consent).

6. TRAINING

There are no specific training needs in relation to this policy, but the following staff will need to be familiar with its contents:

• Inpatient Consultant Psychiatrists
• Trainee Doctors
• Staff Grade Doctors
• Associate Specialists
• SPRs
• Qualified Inpatient staff
• Non-qualified inpatient staff and any other individual or group with responsibility for implementing the contents of this policy

As a trust policy all staff need to be aware of the key point that this policy covers. Staff can be made aware through:

• Local induction
• Team brief
• Team meeting

7. MONITORING ARRANGEMENTS

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<th>Area for monitoring</th>
<th>How</th>
<th>Who by</th>
<th>Frequency</th>
<th>Reported to</th>
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<tr>
<td>1. That any detained patients subject to transfer have the appropriate documentation completed.</td>
<td>Monitoring of the forms H4, CT04, and CT06.</td>
<td>MHA Office</td>
<td>Monitoring is on-going, but the results and any action plans will be reported quarterly.</td>
<td>The relevant local MHA Monitoring Group. Data will be reported by exception to the Trust Mental Health Legislation Sub Committee.</td>
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<td>2. Patients and Carers satisfaction with the transfer process.</td>
<td>Audit of complaints which relate to the transfer of detained patients.</td>
<td>Modern Matrons &amp; Trust Complaints Officer</td>
<td>All complaints are investigated at the time of receipt and action plans developed</td>
<td>Any action plans are discussed at the relevant ward meetings. A quarterly complaints report is presented at the Care Group Governance meetings.</td>
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8. **EQUALITY AND DIVERSITY**

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**

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<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, ‘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).</th>
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<td><strong>Indicate how this will be met</strong></td>
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<tr>
<td>There are no additional requirements in relation to privacy, dignity and respect</td>
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**8.2 Mental Capacity Act 2005**

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<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>
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<td><strong>Indicate How This Will Be Achieved.</strong></td>
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<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>
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9. **LINKS TO ANY ASSOCIATED DOCUMENTS**

- Policy and Procedure relating to the handling of formal complaints (including unreasonably persistent complainants)
- Patient Information Policy
- Lifecycle of Clinical and Corporate Records Policy
- Clinical Risk Assessment and Management Policy
- Policy for the Planned Discharge/Transfer of Patients from inpatient services
• Section 132 MHA 1983 Procedure for informing detained patients of their Legal Rights
• Section 19 Procedure for the Transfer of patients detained under the MHA1983 to another Hospital or Unit
• Supportive observation of inpatients who are identified as posing a significant risk to themselves or others Policy

10. REFERENCES

• Department of Health (2013) Code of Practice, Mental Capacity Act 2005