

**Mental Health Casework Section - Q&A for Healthcare Professionals (and MHCS Staff), 30 March 2020**

**TO NOTE:** This document has been produced in recognition of the current pressures arising from Covid-19. In particular how it is affecting resources across NHS England. This document is time limited and specific to Covid-19 queries. This document seeks to clarify Mental Health Casework (MHCS) existing processes, and highlight where amendments have been made in order to alleviate, wherever possible, increasing strain on these resources.

**MHCS continues to discharge the Justice Secretary's obligations.**

Clarification of existing position:

**Q: Will MHCS relax a requirement that supervisors should have face-to-face contact with patients living in the community, for conditional discharge reports?**

*A: There is in fact no formal 'requirement' for this. It is not for the Justice Secretary to determine the care and treatment of a discharged patient. That responsibility lies with the local NHS Trust, who remains responsible for delivering care and treatment plans. You may wish to consult NHSE Guidance*

<https://www.england.nhs.uk/coronavirus/secondary-care/other-resources/mental-health-learning-disabilities-and-autism/?preview=true>

**Q: What happens if a patient, who is detained in hospital, requires urgent treatment as a result of suspected COVID-19?**

*A: MHCS will treat this in the same way as any other medical emergency. There is no requirement to contact MHCS in advance of seeking **emergency** medical treatment but it is requested that MHCS is informed as soon as is practicable by email to [MHCSMailbox@justice.gov.uk](mailto:MHCSMailbox@justice.gov.uk).*

Changes in response to Covid-19

**Q: What happens if there is an urgent need to transfer a patient with suspected Covid-19 from one mental health hospital to another?**

*A: Level and Upward Transfers:*

*No advance agreement is required for level transfer or upward security transfer but it is requested that MHCS is informed as soon as is practicable by email to [MHCSMailbox@justice.gov.uk](mailto:MHCSMailbox@justice.gov.uk) using the new shorter transfer request template (template can be found at the end of this document)*

*Downward Transfers:*

*A verbal agreement from a senior manager (Deputy Head of Casework Team or above) will be required in advance of a downward security transfer taking place.*

All CV-19 related transfers will be viewed as 'temporary' transfers; practically MHCS will operate this in a similar way to trial transfers with a review date of 6 months. **This means the hospital transferring out retains responsibility for the patient.** During the six-month period and at the end of the six months there is the option to transfer back, extend the trial or make the transfer permanent.

Previously granted community leave will not automatically transfer with the patient if the patient is moving to a different hospital. The Responsible Clinician must contact MHCS to ensure that factors such as victim issues have been considered before leave is resumed. If, for example, the hospital is in an exclusion zone, it is likely that a transfer would be agreed but leave would be unlikely to be agreed. Each case will, however, be considered on its individual merits.

*[Staff instruction: MHCS will set up a new 'CV-19 transfer' review that will be akin to the existing trial transfer review. The six-month review milestone will default to the grade who opens the review. B3 milestones, sending stock letters etc, will remain with B3 list.]*

#### **4. Is there still a requirement to submit Conditional Discharge Reports (CDRs) and Annual Statutory Reports (ASRs)?**

Yes to both, however, MHCS is now making the following changes, which will hopefully reduce any strain on resources and as highlighted in our stakeholder update of 19 March, CDRs will be low on the MHCS priority list as resources become stretched and directed toward priority areas of work:

- CDRs – MHCS is willing to accept alternative formats, e.g. an email from one supervisor copied to the other supervisor. **Clinicians and social supervisors remain responsible for the medical care and treatment of patients and MHCS must be informed about changes that effect a patient's risk.** MHCS must continue to fulfil our statutory responsibilities, namely to recall patients from the community and to vary or remove conditions of discharge. These duties and responsibilities remain unchanged.
- ASRs - are a statutory obligation under the Act and therefore MHCS must continue to receive these but we will accept reports older than 3 months, as long as the information remains valid, there are no material changes to the patient's mental condition and the Responsible Clinician sends a cover email to this effect. MHCS will accept CPA reports as ASRs. Therefore, a separate and specific ASR is not required.

#### **5. How do I extend previously granted overnight leave at a community placement, to prevent the need for the patient to go back and forth between the hospital and community placement?**

*This only applies to existing overnight leave and would be an extension (usually from 5 to 7 nights) in response to CV-19. MHCS will accept requests for extending overnight leave via, email applications. MHCS will need to be satisfied that the patient's condition*

*had not changed since the authority for the leave was given and that the risks were being adequately addressed and managed.*



Ministry  
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## Urgent Transfer Request for Restricted Patients Mental Health Casework Section (MHCS)

Please use this form for all urgent transfer requests, including those relating to the COVID-19 Pandemic, urgent upward transfers for security reasons, transfers for safeguarding reasons or due to an imminent ward closure.

Please note that should MHCS request further information to enable a prompt decision to be taken, this should be submitted as soon as possible. Applications may be rejected if all the information needed to make a decision is not submitted. The text in blue can be overwritten.

### 1. Patient's Details

a) Full name of patient:

• Name of patient

b) Date of birth:

• Please enter date of birth

c) MHCS reference:

• Please enter MHCS reference number

d) Detention Authority:

• E.g. S37/41, s45A, s47/49, s48/49  
• Some patients may be detained under more than one authority

### 2. Responsible Clinician's (RC) Details

a) Full name:

• The Mental Health Act 1983 only allows for the RC to seek consent of the Secretary of State

b) Job title:

• Please give brief details

c) Address:

• Please include the full address of the hospital or unit where the patient is detained (as specified on the detention authority)

d) Telephone number:

• Please give a direct line wherever possible

e) Email address:

- Please give a secure email address. Email is the preferred method of communication and paper copies of correspondence will not be provided unless specifically requested.

### 3. Transfer Request

a) Type of transfer proposed:  Level  Upward  
 Downward

b) Security level of sending hospital:  
 Medium secure  Low secure  
 Locked ward  Open ward

Security level of received hospital:  
 Medium secure  Low secure  
 Locked ward  Open ward

c) Name of ward/unit being transferred to:

- Full address of ward and hospital

d) Reason for urgency of transfer:

- Please give a brief description of the reasons this transfer must be expedited, particularly any safeguarding or risk concerns.

e) Details of receiving Responsible Clinician

- Please provide name and contact details for the accepting RC (email and ideally direct dial or mobile number).
- Please confirm that the proposed RC has confirmed acceptance. Where possible please copy them into the application email.

### 4. Patient's Mental Disorder

It is important for the Secretary of State to understand the patient's current mental state and presentation in order to assess the risks they pose to the public

a) Please describe the patient's mental disorder, including:

- Diagnosis (or diagnoses)
- Any secondary conditions
- Any symptoms the patient is currently displaying

b) Please summarise the patient's recent behaviour and presentation:

- Please only include information relevant for the request for urgent transfer, including any risk behaviours, compliance with treatment etc.

## 5. Managing Risk

It is important for the Secretary of State to understand the clinical assessment of risk. Please explain the current risks and how you have reached your conclusions. MHCS will examine the likelihood and impact of a further offence or adverse event occurring when considering whether or not to grant consent to transfer.

a) Index offence(s):

- As recorded on the Hospital Order or other detention authority

b) Describe the potential risks if the transfer does/does not proceed:

- Outline the current risks the patient is presenting with, (including risk of harm to self or public, and risk of absconding), and how transfer is likely to affect this, including any relevant control measures

c) Please confirm if this patient is subject to Multi-Agency Public Protection Arrangements (MAPPA):

- Confirm whether the patient is registered with MAPPA
- Confirm the level at which they are managed
- If managed at Level 2 or above please confirm that the local team has been/will be notified of the proposed move

## 6. Victims

Not all victims will be registered with the Victim Liaison Scheme. It is MHCS policy to take into account any information provided by victims to ensure they feel adequately protected.

a) Is there a registered VLO in this case?:

- Please provide details

b) Details of conditions requested by victim(s):

- Please give details of any current victim conditions you are aware of

c) If there is no VLO or victim contact, are there any victim concerns which you think should be taken into account

- Please detail any contact with victims outside of VLO involvement

## 7. Leave

Please note that for urgent upward transfers leave likely will not transfer with the patient.

a) Please confirm what leave the patient is currently using:

- Please briefly outline what community leave the patient has been using and how this has progressed.

b) Please outline briefly whether you think some/all of this leave should transfer with the patient:

- Please give reasons for your view on leave transferring

c) Responsible clinician's signature

- An electronic signature is acceptable

Date:

- The date the application was submitted to MHCS

Please send the completed form to: [MHCSmailbox@justice.gov.uk](mailto:MHCSmailbox@justice.gov.uk)