 

**Application for trial leave or full transfer**

**to another hospital – guidance**

**Mental Health Casework Section**

|  |
| --- |
|  |

**The procedure for applying for trial leave and full hospital transfers**

MHCS aims to issue a decision on receipt of the full transfer application within the following timescales:

* Trial leave – 28 days
* Upgrade transfer – 7 days
* Level transfer – 14 days
* Downgrade transfer – 28 days.

Please ensure that the correct form and actions outlined below are completed fully to prevent delays in considering the request. It can also be helpful to send relevant supporting information alongside the application form, particularly for downgrade requests, such as Care Programme Approach (CPA) reports, psychological assessments or progress reports from therapeutic activity.

**Trial leave**

Downgrade transfers from high secure services usually follow a period of successful trial leave in the first instance, due to the level of risk associated with moving patients out of high secure services. Patients will remain formally under the care of the sending Responsible Clinician, and their bed in high secure services will be retained, in case the patient needs to return urgently to high secure conditions. Trial leave is typically for a period six months, with an option to extend if deemed appropriate. Trial leave will not be considered for a period shorter than three months.

It is acknowledged that there may be some cases where trial leave is requested for moves other than from high security. However, there would need to be a clear justification as to why a full transfer was not being requested and in order to consider any such request it is expected that the sending Responsible Clinician will contact MHCS to discuss their request for trial leave with a manager before completing and sending in a full application. Such applications will not be accepted without evidence a manager from MHCS has agreed to their consideration. Similarly, moves from high secure services to security levels below medium secure, will need to be discussed and will require a final decision from a senior manager.

For applications for trial leave, the sending Responsible Clinician must complete Part A of the *‘Request for Trial Leave’* form, which must then be sent to the proposed receiving Responsible Clinician to complete Part B. Either party may send in the completed form to MHCSMailbox@justice.gov.uk, but the other Responsible Clinician/hospital must be copied into the application email. One month prior to completion of the initial trial leave period, both the sending and receiving Responsible Clinician’s must file a progress report, including whether they are recommending full transfer, extension of trial leave, or return to high secure services, with reasons for their recommendation. MHCS will then consider these recommendations and determine whether to approve full transfer, extend the trial period, or terminate the leave.

**Full transfer**

Any request to move a patient to a different hospital will require the relevant Responsible Clinician to complete our form entitled ‘*Request Full s19 Transfer for Restricted Patients’*. The nature of the transfer will dictate what elements of the form need to be completed, and what information provided.

For **upgrade** transfers the following should be done:

* **Part A** of the application form completed and signed by the **sending Responsible Clinician** to be sent to MHCSMailbox@justice.gov.uk (it is not necessary to delete the other elements of the form before sending).
* An email to be sent confirming acceptance of the patient from the receiving Responsible Clinician. This should ideally be attached to the application email to reduce delays. If the transfer is urgent then it will be satisfactory to copy in the receiving Responsible Clinician or their secretary into the email application.
* The local MAPPA coordinator/s do not need to be notified in advance of the application, but should be notified as soon as is practicable following any approval.
* It is noted that some upgrade transfers will require immediate action and in these cases verbal authority may be sought from a manager in MHCS, prior to completion of the required paperwork. The sending or receiving Responsible Clinician should call one of the following numbers if during the hours of 9 to 5 Monday-Friday and request to speak to a manager: 07812 760274 / 07812 760582 / 07812 760523 / 07812 760356 / 07812 760230. If the request needs to occur outside of these hours, the following number should be utilised: 0300 303 2079.

For **level** transfers the following should be done:

* **Parts A and B** of the application form completed and signed by the **sending Responsible Clinician** to be sent to MHCSMailbox@justice.gov.uk.
* An email to be sent in confirming acceptance of the patient from the receiving Responsible Clinician. This should ideally be attached to the application email to reduce delays.
* The local MAPPA coordinator/s should be notified in advance of the application if the move is taking the patient within close proximity of current or previous victims, or if the Patient is under Level 2 or 3 management. Otherwise it is satisfactory for notification to occur as soon as practicable following any approval.

For **downgrade** transfers the following should be done:

* **Parts A, B and C** of the application form completed and signed by the **sending Responsible Clinician**.
* The sending Responsible Clinician sends their completed form to the **receiving Responsible Clinician** who must complete **Part D** of the application form and sign.
* Either party may send in the completed application, but must copy in the other hospital/Responsible Clinician to the application email.
* MAPPA must be notified in advance of any application for a downgrade transfer. However, only patients managed at Level 2 or 3 will require feedback from MAPPA before the form is completed and submitted. For those managed at Level 1 notification in advance is sufficient.

**Transfer authorisation letters**

Unless otherwise stated, transfer authorisation letters are valid for 90 days from the date of issue. If the patient has not transferred by the date of this authorisation, then MHCS must be contacted to request the authorisation be re-considered. An update on the patient’s progress and the reason for the delay in transfer must be provided in order for the letters to be reissued.

The community leave authorisation that is transferring with the patient will be outlined in the authorisation letters, including any attached conditions. The patient will only have permission for leave as outlined in these letters following transfer, regardless of any previous authorisation.

 

|  |  |
| --- | --- |
| **Request Full Transfer for Restricted Patients****Mental Health Casework Section (MHCS)** |  |

|  |
| --- |
| **Please use this form for all full transfer requests. Requests for Trial leave should not be completed using this form and should be completed using the ‘Request for Trial Leave’ form.**  |

|  |
| --- |
| **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. |

**Part A – to be completed by the sending Responsible Clinician for all types of transfer**

**Patient’s Details**

|  |  |
| --- | --- |
| 1. Full name of patient:
 | * Name of patient
 |

|  |  |  |
| --- | --- | --- |
| 1. Date of birth:
 | * Please enter date of birth
 |  |

|  |  |  |
| --- | --- | --- |
| 1. MHCS reference:
 | * Please enter MHCS reference number
 |   |

|  |  |  |
| --- | --- | --- |
| 1. Detention Authority:
 | * E.g. S37/41, s45A, s47/49, s48/49
* Some patients may be detained under more than one authority
 |   |

|  |  |  |
| --- | --- | --- |
| 1. Index offence and location:
 | * As recorded on the Hospital Order or other detention authority
 |   |

|  |  |
| --- | --- |
| 1. Please confirm if this patient is subject to Multi-Agency Public Protection Arrangements (MAPPA):
 | * Nearly all Restricted Patients will be registered under the MAPPA arrangements and the NHS Trust has a statutory duty to engage with MAPPA processes: see section 26 the [*MAPPA Website*](https://mappa.justice.gov.uk/connect.ti/MAPPA/groupHome) for further details
* Detail what MAPPA category the patient falls under
* **Confirm the level at which they are managed**
* **Confirm that the MAPPA coordinator has been/will be informed of this application**
 |

**Responsible Clinician’s (RC) Details**

|  |  |
| --- | --- |
| 1. Full name:
 | * The Mental Health Act 1983 only allows for the RC to seek consent of the Secretary of State for transfer
 |

|  |  |
| --- | --- |
| 1. Job title:
 | * Please give brief details
 |

|  |  |
| --- | --- |
| 1. Address:
 | * Please include the full address of the hospital or unit where the patient is detained (as specified on the detention authority)
 |

|  |  |  |
| --- | --- | --- |
| 1. Telephone number:
 | * Please give a direct line wherever possible
 |  |

|  |  |
| --- | --- |
| 1. 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.
 |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Sending Responsible Clinician’s signature
 | * An electronic signature is acceptable – please sign to confirm that you have read and are in agreement with the contents of this form
 |  Date: | * The date the application was submitted to MHCS
 |
|  |

**Transfer Request**

1. Type of transfer proposed: [ ]  Level [ ]  Upgrade

[ ]  Downgrade

1. Security level of sending hospital:

[ ]  High Secure [ ]  Medium secure [ ]  Low secure

 [ ]  PICU [ ]  Locked [ ]  Open

Security level of receiving hospital:

[ ]  High Secure [ ]  Medium secure [ ]  Low secure

 [ ]  PICU [ ]  Locked [ ]  Open

|  |  |
| --- | --- |
| 1. Name of ward/unit being transferred to:
 | * Full address of ward and hospital
* Any additional details pertaining to the type of ward/unit (e.g. acute, rehabilitation, forensic)
 |

|  |  |
| --- | --- |
| 1. Reason for transfer:
 | * Please give a brief description of the reason for this transfer (patient requires a different level of security, repatriation, preparation for discharge etc.) If a request for an upgrade transfer please outline here why the patient can no longer be safely managed at their current security level.
 |

|  |  |
| --- | --- |
| 1. 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.
 |

# 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 |

|  |  |
| --- | --- |
| 1. Please describe the patient’s mental disorder, including:
 | * Diagnosis (or diagnoses)
* Any secondary conditions
* Any symptoms the patient is currently displaying
* If there has been a recent change in diagnosis please outline any reasons for this
 |

|  |  |
| --- | --- |
| 1. Summarise the patient’s recent behaviour and presentation:
 | * Outline the patient’s behaviour and presentation within the last 6-12 months
* This may include and is not limited to, the following:
	+ Verbal and/or physical aggression or violence (towards staff, visitors, patients)
	+ Substance abuse
	+ Self-harm
	+ Sexually disinhibited or inappropriate behaviour
	+ Extremist / terrorist risk Ideology or behaviour
	+ Periods of seclusion
	+ Other anti-social or problematic behaviour
	+ Medication/treatment compliance
* If this request is for an upgrade transfer you need only include the relevant behaviour to the current request
 |

**Part B – to be completed for Level and Downgrade Transfers only**

**Current Treatment**

|  |
| --- |
| It is important for the Secretary of State to be aware of the patient’s current treatment regime, response to treatment, and how this will be carried forward at the new placement.  |

|  |  |
| --- | --- |
| 1. Outline the treatment the patient is currently receiving:
 | * List the medication the patient is prescribed relating to their mental disorder
* Any current engagement with psychological therapies, substance misuse work or occupational therapy
 |
| 1. Summarise the patient’s previous treatment:
 | * Summarise the patient’s previous engagement with/completion of relevant therapies
* Any significant relevant medication history (a full history is not required)
 |
| 1. What are the patient’s

outstanding treatment needs? | * Outline any relevant work outstanding that will need to be completed prior to any consideration of conditional discharge
 |

**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. MHCS expects that the RC/Hospital will be in contact with the Victim Liaison Officer (VLO) if there is one. Leaving this section blank may slow down decision making. |

|  |  |
| --- | --- |
| 1. Is there a registered VLO in this case?:
 | * Please provide details – MHCS will confirm these details if the hospital has not had prior liaison with the VLO
 |

|  |  |
| --- | --- |
| 1. Details of conditions requested by victim(s):
 | * Give details of any current victim conditions you are aware of
 |

|  |  |
| --- | --- |
| 1. If there is no VLO or victim contact, are there any victim concerns which you think should be taken into account
 | * Detail any contact with victims outside of VLO involvement
 |

|  |
| --- |
| * If yes, please outline why this is not considered a risk concern
 |

1. Will this transfer take the patient closer to the victim?

**Transferred Prisoners or Detainees**

|  |
| --- |
| This part of the form should be completed if the patient is a serving, remand or un-sentenced prisoner or Immigration Detainee transferred to hospital under s47/48/49 or a patient subject to a hospital direction under s45A of the Mental Health Act 1983  |

|  |  |
| --- | --- |
| 1. Please give the name and contact details of the patient’s Offender Manager (Probation Officer):
 | * Not all patients transferred under these sections will have an Offender Manager (Probation Officer). These details are available from the transferring prison.
* Depending on the patient’s detention their current Offender Manager may be a Prison Offender Manager (POM) or Community Offender Manager (COM).
 |

|  |  |
| --- | --- |
| 1. Detail any issues or concerns they have raised:
 | * For those who do, please confirm that they aware of this application
* Please attach written details of any views
 |

|  |  |
| --- | --- |
| 1. Has remission to prison been considered?
 | * Where possible, please give a prognosis of when the patient will be returned to prison
* If it is considered that the patient is unlikely to be returned to prison, please explain why that is the clinical view
 |

**Leave**

|  |
| --- |
| It is important for the Secretary of State to be aware of how the patient is utilizing their current leave provision to determine whether the authority should remain in place. |

|  |  |
| --- | --- |
| 1. Confirm what leave the patient is currently using:
 | * Briefly outline what community leave the patient has been using and how this has progressed, including any suspension of leave.
 |

|  |  |
| --- | --- |
| 1. Outline briefly whether you think some/all of this leave should transfer with the patient:
 | * Please provide reasons for your view on leave transferring
* Identify any additional conditions you feel should be included with the leave
 |

**Part C – to be completed for Downgrade Transfers only**

**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. |

1.

|  |  |
| --- | --- |
| 1. Index offence(s):
 | * Summarise the offence details including the nature of the offence, location, relationship to the victim
 |

|  |  |
| --- | --- |
| 1. Describe the patient’s current risk level and potential risks if the transfer does/does not proceed:
 | * Outline the level of risk the patient is presenting with, (including risk of harm to self, public, and risk of absconding, including abscond/escape history), and how transfer is likely to affect this, including any relevant control measures
 |

|  |  |
| --- | --- |
| 1. Does the patient have any significant previous/subsequent convictions?
 | * Outline any relevant history of previous offending or subsequent offending (since the index offence) of which you are aware
* Outline any significant hospital-based offending or offence-paralleling behaviours that did not result in charge
* Please confirm whether the patient was considered well or unwell at the time of these behaviours
 |

|  |  |
| --- | --- |
| 1. Has the patient previously been held at the proposed level of security?
 | * Outline any relevant history of transfer, including any failed transfers requiring an upgrade move
* If the patient has a history of failing at a lower level of security please outline the reasons for this and why this is considered unlikely to recur
 |

|  |  |
| --- | --- |
| 1. If the patient is under MAPPA Level 2 or 3 please confirm the following:
 | * Please confirm MAPPA have been notified in advance of this application
* Detail any risks or concerns MAPPA agencies have identified in regards to this patient
* Detail any request for specific conditions to be added to the leave to help manage risk
* Has the patient been referred to Prevent and if so, what was the outcome of that referral?
 |

**Additional Comments**

|  |
| --- |
| If there is any other information you would like to raise regarding this application please detail this below.  |

|  |  |
| --- | --- |
| 1. Please consider the following:
 | * Please detail any other information or views you consider to be pertinent to the application, including any recent Tribunal outcomes if relevant
* Please outline the patient’s attitude toward transfer
 |

|  |  |
| --- | --- |
| 1. For patients whose s37/41 order was made after a finding of unfit to plead (under section 5 of the Criminal Procedure (Insanity) Act 1964 as inserted by s24 of the Domestic Violence, Crime and Victims Act 2004) only
 | * Do you consider that the patient is now fit to plead for the offence which led to the current Order?
 |

**Part D – Receiving Responsible Clinician’s Assessment (Downgrade Transfers only)**

|  |  |
| --- | --- |
| 1. Full name and contact details:
 | * Please provide your name and contact details including a telephone number (ideally direct line) and email address
 |
| 1. Assessment details:
 | * Please provide the date and location of the assessment, as well as which staff were in attendance
 |
| 1. Summarise the assessment process and outcome:
 | * Please outline the assessment process and relevant conclusions/outcome
 |
| 1. What control measures are in place to manage the patient’s outstanding potential risks?
 | * Please identify what is in place to ensure the patient’s risk can be adequately managed at the proposed security level, and any additional measures that may be taken to address outstanding areas of risk
* Please include why you feel the patient’s risk can be adequately managed at the proposed security level
 |
| 1. Provide details of the proposed treatment plan:
 | * Outline the treatment and therapies that will be available for the patient
* Please see above under Part B – Treatment Plan to ensure that your plan addresses the outstanding areas identified by the current RC
 |
| 1. Additional comments:
 | * Please add any further comments you would like to make about the patient’s suitability for transfer or how your treatment programme may contribute to ongoing rehabilitation
 |
| 1. Bed availability:
 | * Please state whether a bed is available now, or when one is likely to become available
* Transfer warrants are valid for three months so if transfer does not take place within this timeframe, a further update and request will be required
 |

|  |
| --- |
| Please send the completed form to:MHCSmailbox@justice.gov.uk |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Receiving Responsible Clinician’s signature:
 | * An electronic signature is acceptable – please sign to confirm you have read and are in agreement with the contents of this form
 |  Date: | * The date the application was submitted to MHCS
 |