 

**Application for a “bulk” transfer of five or more patients to another hospital – guidance**

**Mental Health Casework Section**

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MHCS aims to issue a decision on receipt of the application within four weeks. However, in emergency situations)  we aim to expedite and prioritise applications..

The below criteria must be met in order for a bulk transfer application to be considered.

* Five or more patients to be transferred.
* The transfer is within the same hospital Trust.
* The transfer of patients is to one receiving hospital.
* The security level of the patients remains unchanged.
* None of the patients involved in the proposed transfer are marked as “high profile” by MHCS
* There are no complex victim issues

Please ensure that all actions outlined below are completed fully to prevent delays in considering the request.

**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.



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

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| **Please use this form for bulk transfer requests only. Requests for Full Transfer or Trial leave should not be completed using this form and should be completed using the relevant form which can be found here** [Apply for trial leave or full transfer to another hospital for restricted patients - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/trial-leave-or-full-transfer-to-another-hospital-application-form-and-guidance) |

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| **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. |

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| **Patient’s Details** |
| Name of patients (list all): | Reference numbers:  | Dates of Birth: | Detention Authority: | Dual detention: (Y/N) | High Profile: (Y/N) | VLO Involvement: (Y/N) |
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| Please add more rows if necessary |

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

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| 1. Full name:
 | * The Mental Health Act 1983 only allows for the RC to seek consent of the Secretary of State for transfer
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| 1. Job title:
 | * Please give brief details
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| 1. Address:
 | * Please include the full address of the hospital or unit where the patient is detained (as specified on the detention authority)
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| 1. Telephone number:
 | * Please give a direct line wherever possible
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| 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.
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| 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
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**Transfer Request**

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

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| 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)
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| 1. Reason for transfer:
 | * Please give a brief description of the reason for this transfer (refurbishment works, staffing issues, fire etc.)
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| 1. Details of receiving Responsible Clinician
 | * Please provide name and contact details for the accepting RC if different to current RC(email and ideally direct dial or mobile number).
* Please specify ‘N/A’ if the RC is to remain the same
* Please confirm that the proposed RC has confirmed acceptance if applicable.
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Dd/mm/yyyy

1. Proposed transfer date
* Please state yes or no to all or some of the patients listed
* If yes, please state the reason for this and if the patient indicates any increased risk otherwise
1. Are familiarization visits required?
* Please state what mode of transport will be used to take the patients to the proposed hospital
* Will they be transferred together or individually?
* Are handcuffs necessary/will they be used?
* How may escorts will be involved in the transfer?
1. Security Arrangements

# Patients’ Conditions and Presentation

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

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| 1. Summarise the patients recent behaviour and presentation:
 | * Briefly outline if there have been any concerns with any of the patients’ 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
* List for all patients below
 |
|  | PATIENT ONE |
|  | PATIENT TWO |
|  | PATIENT THREE |
|  | PATIENT FOUR |
|  | PATIENT FIVE |
|  | PLEASE INSERT MORE ROWS IF NECESSARY |

**Leave**

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| 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. |

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| 1. Confirm what leave the patients are currently using:
 | * Briefly outline what community leave the patients have been using and how this has progressed, including any suspension of leave.
* List for all patients below
 |
|  | PATIENT ONE |
|  | PATIENT TWO |
|  | PATIENT THREE |
|  | PATIENT FOUR |
|  | PATIENT FIVE |
|  | PLEASE INSERT MORE ROWS IF NECESSARY |

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| 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
 |
|  | PATIENT ONE |
|  | PATIENT TWO |
|  | PATIENT THREE |
|  | PATIENT FOUR |
|  | PATIENT FIVE |
|  | PLEASE INSERT MORE ROWS IF NECESSARY |

**Victims**

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| 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. |

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| 1. Is there a registered VLO?:
 | * Please provide details for all patients
 |
|  | PATIENT ONE |
|  | PATIENT TWO |
|  | PATIENT THREE |
|  | PATIENT FOUR |
|  | PATIENT FIVE |
|  | PLEASE INSERT MORE ROWS IF NECESSARY |

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| 1. Details of conditions requested by victim(s):
 | * Give details of any current victim conditions you are aware of
 |
|  | PATIENT ONE |
|  | PATIENT TWO |
|  | PATIENT THREE |
|  | PATIENT FOUR |
|  | PATIENT FIVE |
|  | PLEASE INSERT MORE ROWS IF NECESSARY |

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| 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
 |
|  | PATIENT ONE |
|  | PATIENT TWO |
|  | PATIENT THREE |
|  | PATIENT FOUR |
|  | PATIENT FIVE |
|  | PLEASE INSERT MORE ROWS IF NECESSARY |

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| * If yes, please outline why this is not considered a risk concern
 |
| PATIENT ONE |
| PATIENT TWO |
| PATIENT THREE |
| PATIENT FOUR |
| PATIENT FIVE |
| PLEASE INSERT MORE ROWS IF NECESSARY |

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

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