Application for full **upgrade** transfer to another hospital

Mental Health Casework Section (MHCS)

Guidance

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Full guidance on the transfer application process can be found [**here**](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fassets.publishing.service.gov.uk%2Fmedia%2F5d441cc2ed915d705ca51a71%2Frestricted-patient-hospital-transfer-guidance__3_.doc&wdOrigin=BROWSELINK).

**For urgent upgrade transfers where there are immediate risks to the patient or others:**

* Where possible, Part A & B of the application form must be completed by the current Responsible Clinician. Once complete, please submit this application form with an email confirmation of acceptance from the receiving responsible clinician to: MHCSMailbox@justice.gov.uk
* Otherwise, it is satisfactory to copy in the receiving responsible clinician or their secretary into the email submission.
* For **urgent** upgrade transfers that require immediate action, verbal authority may be sought from a manager in MHCS, prior to completion of the required paperwork. The Current or receiving Responsible Clinician should call 07812 760248 during the hours of 9 to 5 Monday – Friday. If the request needs to occur outside of these hours, you can contact a senior manager on our out of hours number: 0300 303 2079.

**For upgrade transfers which are non-urgent:**

* Part A & B of the application form must be completed by the current Responsible Clinician. The application form must be submitted with an email confirmation of acceptance from the receiving responsible clinician to: MHCSMailbox@justice.gov.uk
* **The application will be rejected if the email confirming acceptance from the receiving responsible clinician is not submitted with the completed form.**

MHCS aims to issue a decision on receipt of the full upgrade transfer application (non-urgent) within **7 days**. We publish our targets for all transfer decisions and we ask that teams do not chase us before the target due date.

**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.

Following approval of the transfer it is expected that a substantive handover of all relevant information and documentation relating to the patient takes place.

**Trial leave**

This form is for full hospital transfers **only**.

Trial leave is used to assess a patient’s suitability for downgrade transfer prior to a full hospital transfer being granted. It is usually used for patient’s detained within high secure services due to the associated level of risk, although other circumstances can be considered. Please refer to the trial leave guidance and application form for this type of leave, which can be found [**here**](https://www.gov.uk/government/publications/trial-leave-or-full-transfer-to-another-hospital-application-form-and-guidance).

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| Request Full UpgradeTransfer for Restricted PatientsMental Health Casework Section (MHCS) |  |

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| The information requested below is essential to our risk assessments, and to assist us in making decisions as quickly as possible in line with our published targets. The application form needs to be completed in its entirety otherwise it will be rejected. MHCS may request supplementary information, which is expected to be received within 5 working days. If this takes longer than 5 working days the application is likely to be rejected. Applications will be rejected if all the information needed to make a decision is either not submitted at the time of the application or after further information has been requested. Please expand the text boxes below to provide full answers to the questions as required.Key:* **Green**: This is the minimum information that needs to be provided as part of the application (this information will assist us in our risk assessment)
* **Blue**: Information to note when completing the application
* **Red**: Important information to note when completing the application
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**Part A – Core Information**

*To be completed by the current Responsible Clinician*

1. **Patient’s Details**

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| 1. Full name of patient including any aliases or previous names:
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| --- | --- | --- |
| 1. Date of birth:
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| --- | --- | --- |
| 1. MHCS reference:
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| 1. The name of the hospital where the patient is detained:
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| --- | --- | --- |
| 1. Patients’ diagnosis / diagnoses:
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1. **Responsible Clinician’s (RC) Details**

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| --- | --- |
| 1. Full name:
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| 1. Telephone number:
 |
| 1. Email address:
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#  Transfer Request

1. Security level / type of sending hospital:

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

[ ]  Acute Mental Health Inpatient Care (for Adults and Older Adults)

[ ]  Adult Psychiatric Intensive Care (PICU)

[ ]  Acute Mental Health Inpatient Services for Autistic Adults and Adults with a Learning Disability

[ ]  Level 1 Adult Mental Health Rehabilitation Inpatient Services

☐ Level 2 Adult Mental Health Rehabilitation Inpatient Services

☐ Currently described as ‘locked rehab’

1. Security level / type of receiving hospital:

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

[ ]  Acute Mental Health Inpatient Care (for Adults and Older Adults)

[ ]  Adult Psychiatric Intensive Care (PICU)

[ ]  Acute Mental Health Inpatient Services for Autistic Adults and Adults with a Learning Disability

[ ]  Level 1 Adult Mental Health Rehabilitation Inpatient Services

☐ Level 2 Adult Mental Health Rehabilitation Inpatient Services

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| 1. Full name, hospital address and ward details:
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| 1. Include any additional details pertaining to the type of ward/unit (e.g. acute, rehabilitation, forensic):
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| 1. Please outline the physical and relational security in place on the unit:
2. How does the physical and relational security compare to their current unit and how do they differ?
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| 1. Provide details for the reason transfer is being requested, to include:
2. Why is the transfer being requested (e.g. patient requires a different level of security, repatriation, preparation for discharge, specific treatment needs, etc.)
3. Where a transfer is moving a patient back to their local area, are there any community issues to consider, e.g. negative peer associations, family issues, gang affiliations, etc
4. What do you anticipate the impact of this transfer will be on the patient?
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| 1. Where the patient has no existing community leave entitlement, are familiarisation visits required?
2. Outline the number of visits proposed and the escorting arrangements
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| 1. Details of receiving Responsible Clinician:
2. Full name:
3. Telephone number:
4. Email address:
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| 1. Has the receiving Responsible Clinician confirmed acceptance of the patient? Please note, if the receiving Responsible Clinician has not accepted the patient, this application cannot be progressed.
 |  [ ]  Yes [ ]  No |

**Part B – Patient Information & Risk**

To be completed by the current Responsible Clinician

# Transfer request

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| 1. Explain why an upgrade transfer is required:
2. Why can the patient no longer be safely managed at their current security level?
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| 1. What is the urgency of the request?
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**MHCS can be contacted on our recall line to secure verbal authority/discuss urgent upgrade transfers. For urgent transfer requests, please complete this form as best you can. For transferred prisoners, the application will be rejected unless the question of remission has been addressed.**

# Patient’s Behaviour and Presentation

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| It is important for the Secretary of State to understand the patient’s current mental state in order to assess the risks they pose to the public. |

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| 1. Please describe the patient’s mental disorder, including:

1. If there has been a recent change to their prescribed medication and for what reason |  |

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| 1. Describe any serious physical medical conditions or disabilities which may impact upon their mental health:

Brief details will suffice (if relevant) |  |

1. **Leave**

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| It is important for the Secretary of State to be aware of how the patient is utilising their current leave provision to determine whether the authority should remain in place.It will be the case for most upgrade transfer requests that the transfer has been triggered by an escalation in risk, and as such some or all existing community leave authority may be rescinded. In a small number of cases where upgrade does not relate to elevated risk, please provide detail about community leave below. |

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| 1. Confirm what leave the patient is currently using?
2. What leave is the patient currently using?
3. Has leave entitlement been suspended? If yes, state the leave authority and why it is currently suspended
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1. **MAPPA**

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| Nearly all Restricted Patients will be registered under the MAPPA arrangements: see section 26 of the [MAPPA Website](https://mappa.justice.gov.uk/connect.ti/MAPPA/groupHome) for further details. **This guidance also includes full details regarding MAPPA categories and levels at which patients are managed.** A list of MAPPA eligible offences is here: [Offences specified in Schedule 15 to the Criminal Justice Act 2003 - Multi-Agency Public Protection Arrangements - MAPPA](https://mappa.justice.gov.uk/MAPPA/view?objectID=13043380). Please note the application will be rejected if the required MAPPA information is not provided. |

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| 1. Name and contact details of the MAPPA coordinator:
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**Please refer to the MAPPA guidance for the full descriptions of categories and levels.**

1. What MAPPA category does the patient fall under:

 **The category relates to the type of eligible offences the patient has been convicted of:**

 [ ]  Category 1 [ ]  Category 2 [ ]  Category 3 [ ]  Category 4

1. At whatlevel is the patient is currently managed:

**The level relates to the risk the patient is considered to currently present:**

 [ ]  Level 1 [ ]  Level 2 [ ]  Level 3

The application will be rejected if the patient has been convicted of a MAPPA eligible offence and the MAPPA level is not specified.

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| If MAPPA have already been notified of the transfer, detail MAPPA’s response to the transfer proposal including any risks or concerns MAPPA agencies have identified in regards to this patient:  1. Detail any request for specific conditions to help manage risk
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1. **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. Multi-Disciplinary Teams (MDTs) should be in contact with Victim Liaison Officers and able to include their views with the application. This application will be rejected if there have been no meaningful attempts to liaise with the VLO or victim services when there are active victim issues. |
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| 1. The name and contact details of the Victim Liaison Officer(s) (VLO):
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**If the hospital has been informed that the case is dormant, that the victim(s) did not wish to take part, or the case is otherwise inactive, then please state this in the box above.**

**In cases where the victim(s) are actively involved in the scheme: If the application is not urgent the Victim Liaison Officer(s) must be notified of the transfer request and victim views sought or the application will be rejected. If the upgrade transfer is urgent victim issues should be addressed as much as possible.**

1. Will the move take the patient within close proximity of current or previous victims? ☐ Yes ☐ No
2. Has the VLO(s) been contacted with regard to this application? [ ]  Yes [ ]  No

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| 1. When did the VLO(s) reply?
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If there is no response from the VLO(s) after a number of reminders have been sent, we require the email trail so the matter can be addressed by MHCS.

If any new exclusion zones are proposed, these have to be considered reasonable and proportionate, and should include a map showing clearly defined boundaries to ensure compliance.  It is pertinent to consider the discharge pathway with regard to any proposed exclusion zone. Therefore, any concerns should be discussed with the allocated VLO. In the unlikely event the RC and VLO are unable to resolve a dispute over an exclusion zone/s, then please submit the application along with the email trail so the matter can be considered by MHCS**.**

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| 1. Detail any new conditions requested for the transfer by the victim(s) such as non-contact conditions and exclusion zones:
* **Please copy directly from the VLO/s’s email reply.**

Include a copy (in word/pdf format or similar) of any exclusion zone map/s in the box provided or as attachments with this application. |  |

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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:
2. Explain your assessment of the risk (including further offending) that the patient would present to past victims.
3. Does the patient maintain contact with the victim(s) of the index offence?
4. Are there any clinical considerations relating to victims from previous offending or relationships (including incidents of domestic violence) that you consider relevant to this application?
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1. **Transferred Prisoners, S45a sentenced patients or Detainees**

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| This part of the form should be completed if the patient is a sentenced, remanded or unsentenced prisoner or Immigration Detainee transferred to hospital under s47 or s48 with a s49 restriction direction or a patient subject to a hospital direction under s45A of the Mental Health Act 1983.  |

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| 1. The name and contact details of the patient’s Offender Manager (Probation Officer):

Details of the Offender Manager are available from the transferring prison. |  |

1. Has the Offender Manager been notified of this application?

[ ]  Yes [ ]  No

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| 1. Where notification has already been made; detail their response to the transfer proposal including any issues or concerns they have raised:
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| 1. Has remission to prison been considered?
2. Where possible, please give a prognosis of when the patient will be returned to prison.
3. Please outline the factors which mean remission is not considered appropriate at this time and if so when will the patient be ready.
4. If it is considered that the patient is unlikely to be returned to prison, please explain why that is the clinical view.
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1. **Fitness to Plead**

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| a) For patients whose s37/41 order was made after a finding of unfit to plead (under s24 of the Domestic Violence, Crime and Victims Act 2004) only:1. Do you consider that the patient is now fit to plead at Court for the offence which led to the current Order and if not explain why.
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1. **Additional Comments**

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

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| 1. Please detail any other information or views you consider to be pertinent to the application:
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| --- | --- | --- | --- |
| Current Responsible Clinician’s signature: | An electronic signature is acceptable |  Date: | The date the application was submitted to MHCS |

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