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

Mental Health Casework Section (MHCS)

Guidance

|  |
| --- |
|  |

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).

Parts A and 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](mailto:MHCSMailbox@justice.gov.uk) – please note,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 level transfer application within **14 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**.

Trail 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).

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

|  |
| --- |
| 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 |

**Part A – Core Information**

*To be completed by the current Responsible Clinician*

1. **Patient’s Details**

|  |  |
| --- | --- |
| 1. Full name of patient including any aliases or previous names: |  |

|  |  |  |
| --- | --- | --- |
| 1. Date of birth: |  |  |

|  |  |  |
| --- | --- | --- |
| 1. MHCS reference: |  |  |

|  |  |  |
| --- | --- | --- |
| 1. The name of the hospital where the patient is detained: |  |  |

|  |  |  |
| --- | --- | --- |
| 1. Patients’ diagnosis / diagnoses: |  |  |

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

|  |  |
| --- | --- |
| 1. Full name: |  |
| 1. Telephone number: |
| 1. Email address: |

# 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

|  |  |
| --- | --- |
| 1. Full name, hospital address and ward details: |  |

|  |  |
| --- | --- |
| 1. Include any additional details pertaining to the type of ward/unit (e.g. acute, rehabilitation, forensic): |  |

|  |  |
| --- | --- |
| 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? |  |

|  |  |
| --- | --- |
| 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? |  |

|  |  |
| --- | --- |
| 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 |  |

|  |  |
| --- | --- |
| 1. Details of receiving Responsible Clinician: 2. Full name: 3. Telephone number: 4. Email address: |  |

|  |  |
| --- | --- |
| 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*

# Patient’s Mental Disorder

|  |
| --- |
| 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 |

|  |  |
| --- | --- |
| 1. Please describe the patient’s mental disorder, including: 2. Are there any secondary conditions. 3. Their current mental state (include any symptoms the patient is displaying and how long have they presented this way). |  |

|  |  |
| --- | --- |
| 1. Describe any serious physical medical conditions or disabilities which may impact upon their mental health:   Brief details will suffice (if relevant) |  |

# Patient’s Behaviour and Presentation

|  |
| --- |
| It is important for the Secretary of State to understand the patient’s current behaviour and presentation in order to assess the risks they pose to the public. |

|  |  |
| --- | --- |
| 1. Describe the patient’s attitude and behaviour in hospital over at least **the last 12 months**, to consider:   Behaviour: to include (but not limited to) any incidents of the following and the dates when they occurred:   1. Verbal and/or physical aggression or violence (towards staff, visitors, patients) 2. Substance abuse 3. Self-harm 4. Sexually disinhibited or inappropriate behaviour 5. Extremist / terrorist risk Ideology or behaviour 6. Periods of seclusion 7. Enhanced observations 8. Other anti-social or problematic behaviour 9. Any restrictive practices on the ward to manage the individual’s risk 10. Upgrades or downgrades in levels of security within the current hospital site   Attitude and relationships, in particular:   1. The patients compliance with ward rules, policies and procedures. 2. The patients relationships with staff and peers. 3. Are there any safeguarding concerns? |  |

|  |  |
| --- | --- |
| 1. Explain how the security level remains appropriate: |  |

1. **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 medical treatment the patient is currently receiving: 2. Set out the medication prescribed. 3. Set out the patient’s mental stability when medicated. 4. Detail the patient’s compliance with medication. |  |

|  |  |
| --- | --- |
| 1. Describe the psychological treatment the patient has completed and is undergoing to address their risks and how they have engaged with this process: |  |

|  |  |
| --- | --- |
| 1. What are the patient’s outstanding treatment needs? 2. Outline any relevant work outstanding that will need to be completed 3. Explain how treatment will continue if the patient transfers |  |

1. **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. Leave status: 2. What leave is the patient currently using? 3. Briefly outline how well the patient has used community leave. Have there been any incidents or concerns during leave periods? 4. Has leave entitlement been suspended? If yes, state the leave authority and why it is currently suspended |  |

|  |  |
| --- | --- |
| 1. If the transfer of all, or part, of the patient’s existing leave authority is being requested detail this here, with any supporting information for consideration: |  |

1. **MAPPA**

|  |
| --- |
| 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. |

|  |  |
| --- | --- |
| 1. Name and contact details of the MAPPA coordinator: |  |

**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 what **level** 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.

1. Thelocal MAPPA coordinator must be notified in advance of the application if the move is taking the patient within close proximity of current or previous victims.

Will the move take the patient within close proximity of current or previous victims?  Yes  No

If Yes, has the MAPPA I notification of this application been submitted?  Yes  No

If the patient is managed at **Level 1**, the application will be rejected unless you can **confirm that MAPPA have been notified** of the proposed transfer if the move will take the patient within close proximity of current or previous victims. **If Level 2 or 3,** the local MAPPA coordinator **must** be notified in advance of any application for a level transfer **and** MAPPA views are requiredfor all cases.

|  |  |
| --- | --- |
| 1. Detail MAPPA’s response to the transfer proposal including any risks or concerns MAPPA agencies have identified in regards to this patient:  **This section is mandatory for patients managed at Level 2 and 3.**   Detail any request for specific conditions to help manage risk |  |

If the patient is managed at level 2 or 3, MAPPA must be notified of the application and provided with the opportunity to give feedback BEFORE submitting the application to MHCS. Patients at this level are usually assessed as posing high or very high risk of serious harm. It is not sufficient for MAPPA to have just been notified of the application, and it will be rejected unless MAPPA have had the opportunity to provide comments.

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. |
| --- |

|  |  |
| --- | --- |
| 1. The name and contact details of the Victim Liaison Officer(s) (VLO): |  |

**If the hospital was 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.**

1. Has the VLO(s) been contacted with regard to this application?

Yes  No

|  |  |
| --- | --- |
| 1. When did the VLO(s) reply? |  |

If there are active victim concerns, the VLO MUST be contacted. The application will be rejected unless the VLO(s) has been informed of this application, AND has had the opportunity to consult with the victim and provide any views. 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**.**

|  |  |
| --- | --- |
| 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. |  |

|  |  |
| --- | --- |
| 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? |  |

1. **Transferred Prisoners, S45a patients or Detainees**

|  |
| --- |
| This part of the form MUST be completed if the patient is a sentenced, remand 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. This application will be rejected if the required information from the Offender Manager is not provided. |

|  |  |
| --- | --- |
| 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

|  |  |
| --- | --- |
| 1. Detail their response to the transfer proposal including any issues or concerns they have raised: |  |

The application will be rejected if the Offender Manager has not been notified of this application and has not had the opportunity to provide views. If there is no response from the Offender Manager after a number of reminders have been sent, we require the email trail so the matter can be addressed by MHCS.

|  |  |
| --- | --- |
| 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. |  |

1. **Fitness to Plead**

|  |  |
| --- | --- |
| 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. |  |

1. **Additional Comments**

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

|  |  |
| --- | --- |
| 1. Please detail any other information or views you consider to be pertinent to the application: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Current Responsible Clinician’s signature: | An electronic signature is acceptable | Date: | The date the application was submitted to MHCS |

|  |
| --- |
| Please note the patient has the opportunity to provide their views on the application in Annex A below. |

|  |
| --- |
| The application form must be submitted with an email confirmation of acceptance from the receiving responsible clinician to: [MHCSMailbox@justice.gov.uk](mailto:MHCSMailbox@justice.gov.uk) – please note, **the application will be rejected if the email confirming acceptance from the receiving responsible clinician is not submitted with the completed form.** |

## Annex A: Patient’s comments to support this application

For the patient:

Please detail any other information or views you consider to be relevant to the application.

|  |  |
| --- | --- |
| What are you views on the proposed transfer? |  |

|  |  |
| --- | --- |
| How do you think your risks have reduced since your admission? |  |

|  |  |
| --- | --- |
| What would you like the Ministry of Justice (MoJ) to think about when deciding whether to grant this request. |  |

For the RC:

|  |  |
| --- | --- |
| Please confirm that the patient has had sight of this application and had an opportunity to add their comments.   * Where the application for leave contains third party information that should not be shared with the patient, for example a victim’s account, the patient should not have sight of the full application for leave. The patient should still have the opportunity to add their comments whether or not they have sight of the full application for leave.   NB If MAPPA agencies have expressed concerns, the patient should not have sight of those either, unless that has been agreed with the MAPPA Chair. |  |