



## Section 17 Patient Leave of Absence Policy

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<b>Ratifying committee or executive director</b>	Trust Clinical Governance Committee	
<b>Date ratified</b>	July 2024	
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<b>Executive director</b>	Executive Medical director	
<b>Policy lead</b>	Associate medical director for Mental health legislation	
<b>Policy author (if different from above)</b>		
<b>Exec Sign off Signature (electronic)</b>		
<b>Disclosable under Freedom of Information Act 2000</b>	Yes	

### POLICY CONTEXT

- Leave of absence is acknowledged by the Trust as being an important part of a service users' treatment plan, care, recovery, and discharge pathway but it can also be a time of risk.
- The Trust recognises its responsibility placed upon employees by the Mental Health Act 1983 (MHA) in ensuring that the practice of using leave is compliant with section 17 of the MHA, is evidence-based and is safe for the service user.
- The aim of this policy is to standardise the definitions, practices, and responsibilities in the use of planned section 17 leave for all detained service users within the Trust.
- This policy is to ensure that all staff are aware of their responsibilities prior to the granting of leave under section 17, during periods of leave and on return from leave.

### POLICY REQUIREMENT (see Section 2)

- This policy will apply to detained patients.
- On admission all patients as part of a full clinical and risk assessment, must be assessed for their suitability to have leave from the ward.
- On admission all patients should have a clear physical description entered onto the front page of RIO and a photograph taken which is then uploaded to the RIO system.
- A guide for informal patients leave is included in the appendices and should be read alongside policy [S131 Informal patient policy](#).

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## 1. INTRODUCTION

### 1.1. Rationale (Why)

This Section makes provision for certain patients, who are detained under the Mental Health Act 1983 (MHA), to be granted leave of absence for any reason. Section 17 MHA (S17) applies to patients detained under Sections 2, 3, 47, and 37 of the MHA. Patients detained under a restriction order require Ministry of Justice (MoJ) approval prior to leave being granted. This policy should be read in conjunction with the [Missing Patient Policy \(C37\)](#) and Therapeutic [Observation Policy \(C05\)](#).

Any patient who is absent without authorised leave under Section 17 MHA should be treated as AWOL and the Missing Patient Policy should be followed (C37). The granting of leave should not be used as an alternative to discharging a patient, although it may be used to assess an unrestricted patient's suitability for discharge.

Where appropriate Section 17 leave MHA form should be used and the form completed in advance on RIO, however there are times where this may not always be possible (e.g. when a patient needs urgent physical treatment). Section 19 of the MHA can be used when transferring a patient to a general hospital for physical treatment.

### 1.2. Scope (Where, When, Who)

This policy covers all aspects of S17 leave within inpatient services, including the following:

- Risk assessment, documentation, and decisions regarding leave, including post leave evaluation.
- Management of leave under S17 MHA (1983)
- Management of leave for patients detained under Ministry of Justice Restrictions
- Dealing with people who are absent without leave, including failure to return from leave.

The policy does not cover community patients who are missing or absent from treatment. This is covered by the Missing Patients Policy.

The policy applies to all in patient ward staff and community staff where there is an agreement that they will support the patient whilst on s17 leave.

The following policies should be read in addition to this policy:

- C05 Therapeutic Observation
- C37 Missing Patients
- C51 Community Follow Up From Inpatient Discharge
- MHL01 Mental Health Act

- MHL14 Mental Capacity Act
- Deprivation of Liberty Safeguards (DoLs) Procedure

These policies can be found [here](#).

### 1.3. Principles (Beliefs)

Leave is a key therapeutic intervention that is utilized within all inpatient services. It must be managed so that it is a safe and positive experience for the patient and others.

All leave may involve an element of risk. The prescription of leave requires an assessment and identification of the risks involved and an assessment of arrangements which can best ensure a safe and successful outcome.

Escort by one member of staff cannot prevent absconson in service users on section 17 leave. The member of staff is present to provide support and care during the leave.

For patients in hospital, leave is key to:

- Assessment
- Rehabilitation
- Family engagement
- Continued contact with external agencies and community support.
- Developing and maintaining social contacts.

The Trust positively supports individuals with learning disabilities and autism and ensures that no-one is prevented from accessing the full range of mental health services available. Where a person has or is suspected of having a learning disability or autism, staff will contact specialist services in order to ensure that service users and carers have a positive episode of care whilst in our services. Staff will ensure they obtain specialist advice that specifically addresses issues such as, communication with patients, the meeting of physical health needs and issues involving restrictive practices. To achieve these principles information will be shared appropriately with specialist services and carers.

## 2. POLICY (What)

- 2.1 This policy will apply to detained patients only.
- 2.2 On admission all patients as part of a full clinical and risk assessment, must be assessed for their suitability to have leave from the ward.
- 2.3 On admission all patients must have a clear physical description entered onto the front page of RIO and a photograph taken which is then uploaded to the RIO system (as per appendix 2).
- 2.4 Leave should be a multi-disciplinary decision in collaboration with the patient and family and friends where appropriate.

- 2.5 There are 3 types of leave: escorted (with staff), accompanied (with family and friends) or unescorted (alone).
- 2.6 If a patient requires escorted, or accompanied, leave then full consideration must be given as to who is appropriate to escort or accompany the patient and families and carers should be informed when leave is taking place.
- 2.7 The escort, or accompanying person, must be clear as to what the purpose of the leave is, what restrictions are on that leave, a contingency plan if any difficulties arise.
- 2.8 whilst on leave and they must have appropriate means to contact the ward in case of an emergency.
- 2.9 Prior to any period of leave, a registered health professional should assess the suitability of that leave period, considering current presentation and risk factors.
- 2.10 At the end of any leave period, staff should reflect on the leave period with the patient and family / friends where appropriate and document how the leave went.
- 2.11 Information regarding leave, either the planning of or the evaluation of, should be handed over both within the nursing shift handover and handover to other members of the MDT.
- 2.12 Except for certain restricted patients no formal procedure is required to allow patients to move within a hospital or its grounds. Such 'ground leave' within a hospital may be encouraged or, where necessary, restricted, as part of each patient's care plan.

### **3. PROCEDURE**

- 3.1 Only the patient's Responsible Clinician (RC) can grant leave: the power cannot be delegated. The RC is responsible for undertaking any appropriate consultation and may authorize leave subject to conditions which he or she considers necessary in the interests of the patient and/or the protection of other people.
- 3.2 In the absence of the usual responsible clinician (eg if they are on leave), permission can be granted only by the approved clinician who is for the time being acting as the patient's responsible clinician. Out of hours, the responsibilities would be delegated to the Locality on Call Consultant to ensure that section 17 leave can be authorised.

#### **3.3 Planning S.17 Leave**

Leave of absence can only be granted after careful consideration by the RC and patient and should be, where possible, planned well in advance in conjunction with the identified pathway of care. The patient should be able to demonstrate to the RC that he or she is likely to cope outside the unit and, subject to the patient's consent; there should be detailed consultation with any appropriate relatives or friends and with community services as necessary. (If the patient does not give consent for the leave information to be shared with appropriate carers, relatives, or friends, then the reason for this should be explored further and documented.)

Crisis plans should be shared with leave destination (carers/friends/ others at such

destination)

Every effort must be made to ensure that all patients and, where appropriate, carers are included within the discharge/leave planning process and that they understand their rights under the MHA 1983, this can be achieved using the following resources: approved translation services, advocacy, leaflets, big print forms, visual aids, family/carer assistance (where appropriate). Where it is evident that the patient does not understand his or her rights or the discharge process /leave , a care plan addressing this must be implemented.

Leave can be an important part of the patient's treatment plan and can be granted for specific occasions and/or for long/short periods of time. The RC must consider a Community Treatment Order (CTO) when granting leave of seven consecutive days or more. The reasons for reaching the decision to grant leave and not CTO should be recorded in the electronic clinical record RiO. This does not apply to Restricted patients or patients detained under Section 2 as they are not eligible for CTO. The provision of S17 leave remains available whilst the patient remains liable to be detained, subject to regular review. The period of leave can be extended by the RC in the patient's absence.

If there has been deterioration in the patient's mental state and it is believed that the risks are greater than originally assessed, nursing staff may withhold authorised S17 MHA leave. If leave is withheld, the RC must be informed at the earliest opportunity.

Leave for more than seven days may be used to assess a patient's suitability for discharge from detention. Guidance on factors to be considered when deciding between longer-term leave of absence, guardianship and a CTO is given in chapter 31 Code of Practice.

### **3.4 Accessing short term care or treatment at an acute hospital**

In an emergency that requires emergency access to an Acute Hospital, do not delay the access by waiting to get authorisation from the RC if contact is not immediately possible, instead, contact them for authorisation as soon as is practicable. It is good practice for the authorisation of leave of absence, and the imposition of the conditions attached to the leave, to be recorded by the RC. RCs need to authorise S17 leave, in emergency cases this can be done over the telephone, it does not require a S17 leave prescription at that point (they are not statutory but are required in line with good practice). Once S17 leave has been authorised, if over the phone, nursing staff must ensure that the conversation is documented in the patient's clinical record. Ensure that the patient's own RC (covering RC) is made aware of the patient's transfer as soon as he or she is available.

### **3.5 Record Keeping**

The granting of leave, and the specific conditions attached to it including escort levels as set by the RC, must be recorded on the S17 leave prescription form on RiO. The leave prescription must be signed off by the RC, copies of the form and MoJ approval documentation should be given to the patient and carer (where appropriate). Relative or Carers must be made aware of whom to contact if any concerns arise during the period of

leave. Where a service user is prescribed multiple leaves during the course of a day or shift, a single pre-leave assessment may be utilized to cover such multiple leaves, unless there is a material change in the service user's mental health presentation on return.

The nursing staff team, which includes registered OT's if part of an in-patient ward establishment, are responsible for ensuring that the patient is aware of the conditions of leave and the implications of non-compliance with the leave conditions. It must be made clear that the time restrictions are important as these define the point at which the patient becomes absent without leave (AWOL).

Prior to leave being undertaken, the patient must document pre-leave assessment arrangements on RiO. If Qualified Nurse, OT or medical staff have withheld authorised S17 leave, the reasons for this must be clearly explained to the patient and documented in the patient's RIO progress notes and the RC immediately informed. All other persons involved with the leave must be informed that leave has been cancelled.

On commencement of leave, the nursing and/or occupational therapist staff must record the time and date the patient left the unit on RiO, the time and date they are due to return, where the patient is going (ensuring you have the correct contact details) and what clothing they are wearing. A photograph of the patient must also be included in their notes as per the requirements of the Mental Health Act Code of Practice. Leave information pertaining to the patient will be discussed in the unit handover, at any given time the nurse/OT in charge of the unit will be responsible for taking further action if the patient has not complied with the leave restrictions or following a crisis situation appertaining to the patient.

### **3.6 Care and treatment while on leave**

The RC's responsibilities for the patient's care remain the same while he or she is on leave. Consent to treatment provisions under part 4 of the MHA continue to apply, if it becomes necessary to give treatment to the patient, without their consent, consideration should be given and documented to recalling the patient back to hospital.

The refusal of treatment will not be sufficient grounds on its own for recall, the RC would also have to be satisfied that it was necessary in the patient's interest or for the protection of others.

### **3.7 Transport**

All escort and transport under section 17 leave will occur as per MOJ guidance (see 3.13) for restricted patients.

The RC in the leave prescription will have to authorize nature of transport and level of escort as appropriate.

All leave once authorized by the RC will occur in line with the BSMHFT transport SOP (Appendix 5).

### **3.8 Revoking The Section 17**

The RC may recall a patient from leave at any time if it is in the interests of the patient's health, safety or necessary for the protection of others. In such circumstances, the RC must arrange for a notice (see appendix 1) revoking the leave to be served on the patient or on the person currently in charge of their care. This notification must be communicated to other relevant persons (i.e. carers, MDT professionals). The reasons for the recall should be fully explained to the patient and a record of the explanation to be entered onto RiO.

A restricted patient's leave may be revoked either by the RC or the MoJ in the same manner as above.

### **3.9 Absent Without Leave**

When a patient becomes Absent Without Leave (i.e. fails to return to the unit at the end of the prescribed leave period), the Missing Patient Policy must be immediately enacted by the Ward Manager. Staff are obliged to notify CQC when a patient from the Secure Service goes AWOL. It is good practice for staff to also inform the Probation or the MAPPA accordingly to the situation.

### **3.10 Renewal of the Authority To Detain**

A period of leave cannot last longer than the expiration of the Section. A patient cannot be recalled back from leave for the sole purpose of renewing their detention. If the authority to detain an unrestricted patient might expire whilst on leave, the RC may examine the patient and consider writing a report renewing the detention. If the RC thinks that further formal in-patient treatment is necessary, and the statutory criteria are met the detention can be renewed.

### **3.11 Monitoring and Auditing The Use of Section 17**

S17 MHA leave forms and clinical records pertaining to S17 will be subject to a 6 monthly audit by the responsible manager on the MHA monitoring tool, which is presented to the Trust Mental Health Legislation Committee.

### **3.12 Human Rights Act 1998**

When dealing with occasions which do require formal leave under S17 MHA, it will be important that the RC ensures that:

- There are no unnecessary delays in the granting of leave.
- The conditions attached to S17 leave are reasonable and proportionate; and must include a discussion with the patient.
- There must be adequate reasons for revoking S17 MHA leave.
- If the above criteria are not applied, then the patient may contend that his or her Article 5 & 8 of the Human Rights Act has been breached.



### 3.13 Restricted Patients

Any proposal to grant leave to a restricted patient must be approved by the Secretary of State of Justice. Where the courts, or the Secretary of State, have decided that restricted patients are to be detained in a particular unit of a hospital, those patients will require the Secretary of State's permission to take leave of absence to go to any other part of that hospital as well as outside the hospital.

For routine medical appointments or treatment, Responsible Clinicians have authority to grant leave at their discretion according to the following conditions:

#### Medical Leave

##### a) Emergencies

In the case of emergency medical leave, the priority is to deal with the physical health crisis. Responsible Clinicians may apply appropriate security arrangements at their discretion. Responsible Clinicians are asked to seek to ensure the usual security arrangements as set out in b) are in place, but the Secretary of State recognises that this will not always be possible or appropriate in an emergency situation.

There is no need to inform the Secretary of State of the emergency medical leave immediately, but an email to the MHCS team as soon as practicable is requested. Where appropriate, the Responsible Clinician should also inform the local Police. If the admission to general hospital develops into overnight leave, the arrangements at c) should be put into place and the Secretary of State should be informed.

##### b) Routine Day Appointments

In the case of routine appointments, Responsible Clinicians have authority to grant leave at their discretion according to the following conditions:

- The patient must be escorted by a minimum of two (2) members of staff at all times.
- They must travel in a secure vehicle with a separate driver (in addition to the 2-escorting staff).
- Handcuffs must be carried and are to be worn as necessary.
- A check on victim location should be made in order to prevent possible inadvertent contact (through the Victim Liaison Officer if there is one).
- The patient must be returned to hospital immediately following the appointments.
- If any concerns arise, leave must be immediately suspended.

Any request to deviate from these conditions must be agreed in writing by the Secretary of State. Details of the treatment and appointments taken should be recorded in the Annual Statutory Report.

##### c) Overnight Medical Leave

In the case of overnight medical leave appointments for one or more nights, Responsible Clinicians have authority to grant leave at their discretion according to the following

conditions:

- The Responsible Clinician must inform the Secretary of State in writing in advance of the overnight leave, setting out the reason for the overnight stay and the expected length of time such leave will take.
- The patient must be escorted by a minimum of two (2) members of staff at all times.
- They must travel in a secure vehicle with a separate driver (in addition to the 2-escorting staff).
- Handcuffs must be carried and are to be worn as necessary.
- A check on victim location should be made in order to prevent possible inadvertent contact (through the Victim Liaison Officer if there is one).
- The patient must be returned to hospital immediately following discharge from general hospital.
- If any concerns arise, leave must be immediately suspended, or security arrangements increased to protect the public.

Any request to deviate from these conditions must be agreed in writing by the Secretary of State. Details of the treatment and appointments taken should be recorded in the Annual Statutory Report.

This consent for medical leave at b) and c) applies only to situations where there is a medical need for the treatment/appointment outside the secure hospital site. The Secretary of State does not generally consider that cosmetic surgery, tattoo removal, or similar treatments by choice are essential. Where the RC is of the view that such an appointment is essential, RC must seek authority for such an appointment from the Secretary of State by application.

In all cases an appropriate risk assessment should be carried out by the care team in advance of any medical appointment and consideration should be given as to whether it is necessary to impose further security measures based on the level of risk identified

If there are incidents of the leave being misused or evidence of behaviours which pose a risk to the public or patient, the Responsible Clinician must suspend the leave.

The Secretary of State's consent is given on the understanding that the granting of section 17 leave involves no undue risk to the patient or to others and that there is a medical need for the treatment/appointment outside the secure hospital site.

The local police should be contacted at once and the Mental Health Casework Section should be informed by telephone, with a follow up written report from the responsible clinician, if the patient fails to return to hospital from leave by the agreed time.

### **Annex C**

Terms of medical leave for all hospitals, other than high secure, for patients detained under sections 37/41 hospital orders (or equivalent):

### **Medical Leave**

In accordance with section 41(3)(c) of the Mental Health Act 1983 ("the 1983 Act"), the Secretary of State consents to the exercise of the power in section 17 of the 1983 Act to grant a leave of absence for the purposes of attending medical appointments subject to the

following conditions:

a) Emergencies

In the case of emergency medical leave, the priority is to deal with the physical health crisis. Responsible Clinicians may apply appropriate security arrangements at their discretion.

Responsible Clinicians are asked to seek to ensure the usual security arrangements as set out in b) are in place, but the Secretary of State recognises that this will not always be possible or appropriate in an emergency situation.

There is no need to inform the Secretary of State of the emergency medical leave immediately, but an email to the MHCS team as soon as practicable is requested.

Where appropriate, the Responsible Clinician should also inform the local Police. If the admission to general hospital develops into overnight leave, the arrangements at c) should be put into place and the Secretary of State should be informed.

b) Routine Day Appointments

In the case of routine appointments, Responsible Clinicians have authority to grant leave at their discretion according to the following conditions:

- The patient must be escorted by a minimum of two (2) members of staff at all times.
- Use of handcuffs is at the Responsible Clinician's discretion.
- Use of secure transport is at the Responsible Clinician's discretion.
- A check on victim location should be made in order to prevent possible inadvertent contact (through the Victim Liaison Officer if there is one)
- The patient must be returned to hospital immediately following the appointments.
- If any concerns arise, leave must be immediately suspended.

Any request to deviate from these conditions must be agreed in writing by the Secretary of State.

Details of the treatment and appointments taken should be recorded in the Annual Statutory Report.

c) Overnight Medical Leave

In the case of overnight medical leave appointments for one or more nights, Responsible Clinicians have authority to grant leave at their discretion according to the following conditions:

- The Responsible Clinician must inform the Secretary of State in writing in advance of the overnight leave setting out the reason for the overnight stay and the expected length of time such leave will take.
- The patient must be escorted by a minimum of two (2) members of staff at all times.
- Use of handcuffs is at the Responsible Clinician's discretion.
- Use of secure transport is at the Responsible Clinician's discretion.
- A check on victim location should be made in order to prevent possible inadvertent contact (through the Victim Liaison Officer if there is one).

- The patient must be returned to hospital immediately following discharge from general hospital.
- If any concerns arise, leave must be immediately suspended, or security arrangements increased to protect the public.

Any request to deviate from these conditions must be agreed in writing by the Secretary of State.

Details of the treatment and appointments taken should be recorded in the Annual Statutory Report.

This consent for medical leave at b) and c) applies only to situations where there is a medical need for the treatment/appointment outside the secure hospital site. The Secretary of State does not generally consider that cosmetic surgery, tattoo removal, or similar treatments by choice are essential. Where the RC is of the view that such an appointment is essential, you must seek authority for such an appointment from the Secretary of State by application.

In all cases an appropriate risk assessment should be carried out by the care team in advance of any medical appointment and consideration should be given as to whether it is necessary to impose further security measures based on the level of risk identified.

If there are incidents of the leave being misused or evidence of behaviours which pose a risk to the public or patient, the Responsible Clinician must suspend the leave.

The Secretary of State's consent is given on the understanding that the granting of section 17 leave involves no undue risk to the patient or to others and that there is a medical need for the treatment/appointment outside the secure hospital site.

The local police should be contacted at once and the Mental Health Casework Section should be informed by telephone, with a follow up written report from the responsible clinician, if the patient fails to return to hospital from leave by the agreed time.

**Any request to deviate from these conditions must be agreed in writing by the Secretary of State. Applications for deviation should be submitted via the link below:**

<https://www.gov.uk/government/publications/leave-application-for-restricted-patients>

### 3.14 Overnight Leave

Patient going on overnight leave will be followed up as if they have been discharged from in-patients. Therefore, they will have a face-to-face contact within three days of the leave commencing. Should the patient return to the ward within the three days, the contact with the Nurse/Occupational Therapist on the ward will constitute the follow up.

## 4 RESPONSIBILITIES

Post(s)	Responsibilities	Ref
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Ward Managers, Matrons and OT Leads	Ward Managers, Matrons and OT Leads will be responsible for the dissemination and implementation of this policy within practice. Ad hoc training sessions based on an individual's training needs as defined within their annual appraisal or job description will be provided if the need may arise.	
Service, Clinical and Corporate Directors	Are responsible for ensuring the principles of this policy and procedures and other associated policies are implemented across the organisation.	
Policy Lead	Is responsible for ensuring the implementation of this policy across clinical areas.	
Executive Director	Is responsible for ensuring the principles of this policy and procedures and other associated policies are implemented across the organisation.	

## 5 DEVELOPMENT AND CONSULTATION PROCESS

Consultation summary		
Date policy issued for consultation	May 2023	
Number of versions produced for consultation	1	
Committees or meetings where this policy was formally discussed		
Where else presented	Summary of feedback	Actions / Response

## 6 REFERENCE DOCUMENTS

Jones, R. (2012) Mental Health Act Manual (18th Edition) s.17 Department of Health, (2008) Code of Practice, Chapter 21 Department of Health, (2008) Reference Guide to the Mental Health

Care Quality Commission, Guidance Notes (2010) Leave of Absence and transfer under the Mental Health Act 1983.  
 NOMS Guidance (2015)  
 C05 Therapeutic Observation  
 C37 Missing Patients  
 MHL01 Mental Health Act  
 MHL14 Mental Capacity Act  
 MHCS Guidance: Medical Leave for Restrictive Patients (2021)

## 7 BIBLIOGRAPHY

None

## 8 GLOSSARY

- AWOL – Absent Without Leave
- COP– Code of Practice
- MDT – Multi Disciplinary Team
- MHA - Mental Health Act 1983
- MOJ – Ministry of Justice
- RC – Responsible Clinician
- RIO – Single Electronic Clinical Record
- CTO – Community Treatment Order

## 9 AUDIT AND ASSURANCE

Element to be monitored	Lead	Tool	Freq	Reporting Committee
Documentation of leave assessment and decision making	Medical Director	Audit	Annual	CEAG
Completion of post leave review	Medical Director	Audit	Annual	CEAG
Patients given a copy of their leave prescription	Medical Director	Audit	Annual	CEAG
Patients having a photograph on RIO prior to commencing leave	Medical Director	Audit	Annual	CEAG

## 10. APPENDICES

**Appendix 1-** Equality Impact assessment

**Appendix 2 -** Recall letter

**Appendix 3 -** Process for taking photographs.

**Appendix 4 -** Flowchart for safe clinical management of ward leave for informal patients

**Appendix 5 –** BSMHFT Transport Standard Operating Procedure (SOP)

## Equality Analysis Screening Form

A word version of this document can be found on the HR support pages on Connect

<http://connect/corporate/humanresources/management/support/Pages/default.aspx>

<b>Title of Policy</b>	<b>Section 17 leave Policy</b>		
<b>Person Completing this policy</b>	Kreshan Nirsimloo	<b>Role or title</b>	Deputy Head of Nursing and AHP
<b>Division</b>	Nursing	<b>Service Area</b>	Nursing
<b>Date Started</b>	01/05/2023	<b>Date completed</b>	01/06/2023
<b>Main purpose and aims of the policy and how it fits in with the wider strategic aims and objectives of the organisation.</b>			
The aim of this policy is to standardise the definitions, practices, and responsibilities in the use of planned section 17 leave for all detained service users within the Trust.			
<b>Who will benefit from the proposal?</b>			
Trust compliance with national standards and MHA legislation.			
<b>Does the policy affect service users, employees or the wider community?</b> <i>Add any data you have on the groups affected split by Protected characteristic in the boxes below. Highlight how you have used the data to reduce any noted inequalities going forward</i>			
Detained service users within the Trust.			
<b>Does the policy significantly affect service delivery, business processes or policy?</b> <i>How will these reduce inequality?</i>			
No			
<b>Does it involve a significant commitment of resources?</b> <i>How will these reduce inequality?</i>			
Limited commitment of staff time, to ensure that policy is followed.			

<b>Does the policy relate to an area where there are known inequalities? (e.g. seclusion, accessibility, recruitment &amp; progression)</b>				
Applies to detained service users.				
<b>Impacts on different Personal Protected Characteristics – Helpful Questions:</b>				
<i>Does this policy promote equality of opportunity?</i>		<i>Promote good community relations?</i>		
<i>Eliminate discrimination?</i>		<i>Promote positive attitudes towards disabled people?</i>		
<i>Eliminate harassment?</i>		<i>Consider more favourable treatment of disabled people?</i>		
<i>Eliminate victimisation?</i>		<i>Promote involvement and consultation?</i>		
		<i>Protect and promote human rights?</i>		
<b>Please click in the relevant impact box and include relevant data</b>				
<b>Personal Protected Characteristic</b>	<b>No/Minimum Impact</b>	<b>Negative Impact</b>	<b>Positive Impact</b>	<b>Please list details or evidence of why there might be a positive, negative or no impact on protected characteristics.</b>
<b>Age</b>	X			Policy applies to all detained service users regardless of age. It is anticipated that age will not have an impact in terms of discrimination as this policy ensures that all service users should be treated in a fair, reasonable and consistent manner irrespective of their age.
Including children and people over 65 Is it easy for someone of any age to find out about your service or access your policy? Are you able to justify the legal or lawful reasons when your service excludes certain age groups				
<b>Disability</b>	X			Policy applies to all detained service users regardless of disability.
Including those with physical or sensory impairments, those with learning disabilities and those with mental health issues Do you currently monitor who has a disability so that you know how well your service is being used by people with a disability? Are you making reasonable adjustment to meet the needs of the staff, service users, carers and families?				
<b>Gender</b>	X			Policy applies to all detained service users regardless of gender. It is anticipated that gender will not have an impact in terms of discrimination as this policy ensures that all detained Service users



				should be treated in a fair, reasonable and consistent manner irrespective of their gender identity.
This can include male and female or someone who has completed the gender reassignment process from one sex to another Do you have flexible working arrangements for either sex? Is it easier for either men or women to access your policy?				
<b>Marriage or Civil Partnerships</b>	X			Policy applies to all detained service users regardless of whether married/civil partnership. It is anticipated that marriage or civil partnership will not have an impact in terms of discrimination as this policy ensures that all service users should be treated in a fair, reasonable and consistent manner irrespective of their marriage or civil partnership.
People who are in a Civil Partnerships must be treated equally to married couples on a wide range of legal matters Are the documents and information provided for your service reflecting the appropriate terminology for marriage and civil partnerships?				
<b>Pregnancy or Maternity</b>	X			Policy applies to all detained service users regardless of pregnancy/maternity. Policy allows for attendance at emergency medical appointments, which may be more frequent for these individuals.
This includes women having a baby and women just after they have had a baby Does your service accommodate the needs of expectant and post natal mothers both as staff and service users? Can your service treat staff and patients with dignity and respect relation in to pregnancy and maternity?				
<b>Race or Ethnicity</b>	X			Policy applies to all detained service users regardless of race/ethnicity. The Trust is working towards becoming an Anti-Racist organisation. It is anticipated that Race or Ethnicity will not have an impact in terms of discrimination as this policy ensures that all service users should be treated in a fair, reasonable and consistent manner irrespective of this.
Including Gypsy or Roma people, Irish people, those of mixed heritage, asylum seekers and refugees What training does staff have to respond to the cultural needs of different ethnic groups?				

What arrangements are in place to communicate with people who do not have English as a first language?				
<b>Religion or Belief</b>	X			Policy applies to all detained service users regardless of religion or belief.
Including humanists and non-believers Is there easy access to a prayer or quiet room to your service delivery area? When organising events – Do you take necessary steps to make sure that spiritual requirements are met?				
<b>Sexual Orientation</b>	X			Policy applies to all detained service users regardless of sexual orientation. It is anticipated that sexual orientation will not have impact in terms of discrimination as this policy ensures that all service user should be treated in a fair, reasonable and consistent manner irrespective of this.
Including gay men, lesbians and bisexual people Does your service use visual images that could be people from any background or are the images mainly heterosexual couples? Does staff in your workplace feel comfortable about being 'out' or would office culture make them feel this might not be a good idea?				
<b>Transgender or Gender Reassignment</b>	X			Policy applies to all detained service users regardless of transgender / gender reassignment.
This will include people who are in the process of or in a care pathway changing from one gender to another Have you considered the possible needs of transgender staff and service users in the development of your policy or service?				
<b>Human Rights</b>	X			Policy outlines how S17 leave should be managed in line with the Human Rights Act to ensure Article 5 and/or Article 8 aren't breached.
Affecting someone's right to Life, Dignity and Respect? Caring for other people or protecting them from danger? The detention of an individual inadvertently or placing someone in a humiliating situation or position?				
<b>If a negative or disproportionate impact has been identified in any of the key areas would this difference be illegal / unlawful? I.e. Would it be discriminatory under anti-discrimination legislation. (The Equality Act 2010, Human Rights Act 1998)</b>				

	Yes	No		
<b>What do you consider the level of negative impact to be?</b>	<b>High Impact</b>	<b>Medium Impact</b>	<b>Low Impact</b>	<b>No Impact</b>
			X	
<p>If the impact could be discriminatory in law, please contact the <b>Equality and Diversity Lead</b> immediately to determine the next course of action. If the negative impact is high a Full Equality Analysis will be required.</p> <p>If you are unsure how to answer the above questions, or if you have assessed the impact as medium, please seek further guidance from the <b>Equality and Diversity Lead</b> before proceeding.</p> <p>If the policy does not have a negative impact or the impact is considered low, reasonable or justifiable, then please complete the rest of the form below with any required redial actions, and forward to the <b>Equality and Diversity Lead</b>.</p>				
<b>Action Planning:</b>				
How could you minimise or remove any negative impact identified even if this is of low significance?				
No negative impact identified				
How will any impact or planned actions be monitored and reviewed?				
Ensure that policy is being adhered to via audit.				
How will you promote equal opportunity and advance equality by sharing good practice to have a positive impact other people as a result of their personal protected characteristic.				
N/A				
Please save and keep one copy and then send a copy with a copy of the policy to the Senior Equality and Diversity Lead at bsmhft.edi.queries@nhs.net. The results will then be published on the Trust's website. Please ensure that any resulting actions are incorporated into Divisional or Service planning and monitored on a regular basis				

## Appendix 2

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Section 17 Leave Recall Notice/ this can also be a clinical note on rio progress notes

Dear (Patient Name / or the person in charge of the patient whilst on leave)

I am giving you notice that I as your Responsible Clinician am recalling you from your section 17 leave as of (date and time) to (name of ward and hospital)

Because of the following reasons:

Signed by  
RC:

Date:

Time:

## Appendix 3

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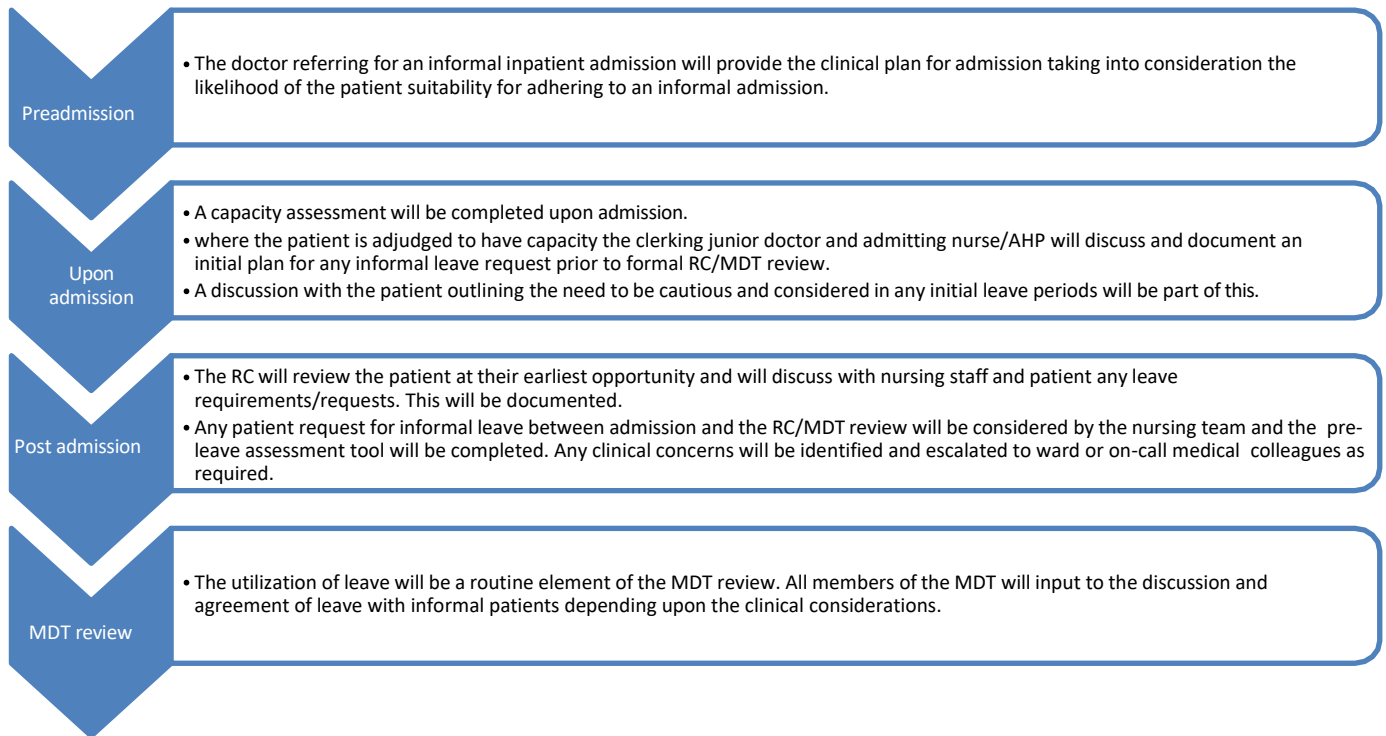
### PROCESS FOR TAKING PHOTOS OF PATIENTS FOR THE PURPOSE OF S17 LEAVE OF ABSENCE UNDER THE MHA

1. A digital camera will be available on wards
2. All new admissions will have their photograph taken where possible. If the patient refuses, further attempts will be made as appropriate, without causing distress to the patient.
3. When the patient is prescribed section 17 leave, they will be required as per the Code of Practice to have their photograph taken.
4. The patient should be actively involved in the prescribing of leave and therefore would be informed at this point of the need for a photograph to be taken and the reason why.
5. This photo should then be uploaded to RiO
6. The photograph will be reviewed on the following occasions: CPA review; admission; transfer in; and when there is any significant change in appearance.
7. If the patient refuses to have their photograph taken for the purpose of s17 leave:
  - Ensure the reasons why this is required have been fully explained to the patient
  - If there is reason to doubt the patient has capacity to understand, then undertake a Leave Capacity Assessment
  - If the patient has capacity to refuse to have a photograph taken, then the RC must decide whether proceeding with the leave is appropriate.
  - If so, this must be clearly recorded on RiO as a deviation from the Code of Practice and an ECLIPSE form completed
  - If the patient lacks capacity, then the RC must decide whether the photograph may be taken in their best interests; or risk assess whether it is appropriate for the patient to use the leave.
  - The above process must be included in the patient's leave care plan
  - The patient should be given a copy of the s17 information leaflet at the point of leave being prescribed by the RC and on request



## Appendix 4

### Flowchart for safe clinical management of ward leave for informal patients.



#### **ASSUMPTIONS:**

1. All informal patients have a right to leave the ward.
2. The nurse/AHP have a professional duty to complete the pre-leave risk assessment and to prevent leave if there is a risk issue to be resolved.
3. Escalation to medical/on-call medical and senior nursing management is preferable to enabling leave with unresolved risks.
4. Admission planning and admission clerking help to guide initial leave requests.
5. Pre and post leave risk assessments help to guide individual leave periods.
6. MDTs and RC medical reviews are key touchpoints for ongoing planning, reviewing, and directing leave periods

## Appendix 5

### BSMHFT Transport Standard Operating Procedure (SOP)

#### Introduction

In an effort to address ongoing issues relating to trust-wide transport usage, BSMHFT has established a Transport Transformation Group with a remit to progress three key areas:



- Improve performance of commissioned provider services
- Improve efficiencies and bring spend back to within budget, and
- Improve communication and clarity around the trusts position on transport access

One of the outcomes of this work is the introduction of this trust-wide Standard Operating Procedure (SOP) that seeks to provide a clear and concise outline of the process to be adopted when using BSMHFT funded transport.

**The following Flow Charts are provided in the Appendix of this document and should be used for ALL BSMHFT transport needs.**

- 1 - Service User Taxi request
- 2 - Staff Taxi request
- 3 – Involuntary (previously Secure Patient) Transport Booking Process
- 4 – Transportation of goods

This SOP is an accompaniment to the following existing resources that should be accessed via their respective link:

<a href="#">West Midlands Ambulance Service Mental Health Act Transportation Policy</a>	West Midlands Police Conveyance under the Mental Health Act
 Mental Health Act Transportation Polic	 WMP MH Conveyance.pdf

This SOP provides clarity to all BSMHFT staff around appropriate transport access, and we therefore urge all staff involved in booking transport to read this document.

#### Transport Services Summary

Across BSMHFT, we have various transport options available to both services users and staff. Unfortunately, the growth in the use of both Involuntary Transport (previously known as Secure Transport) and Taxi has risen without clear standardised guidelines – requiring the need to introduce a range of measures to bring us back in to appropriate governance, clinical safety, and budget. The sections provided in this SOP seek to offer clarity across various

scenarios for transport access and should be adhered to. Further developments are underway to improve transport provision and we ask that all staff help by logging transport related issues on eclipse to help ensure that this is achieved.

### **Booking Transport**

The flow charts provided in the appendices of this SOP should be followed when a decision for transport has been made. For all transport needs (including car hire and train booking) SSL Single Point of Access (Schedulers) should be the only point of contact. SSL has its own transport fleet and provides different transport services including non-emergency patient transport (NEPT) and courier services. SSL is wholly owned by the Trust and therefore transport booked through them will be at no additional cost to the Trust. SSL schedulers are available during core hours to assist with transport arrangements. Out of hours, the SSL phone number will direct you to the correct provider.

### **Service User Transportation**

#### Community to Hospital

From a community setting, patients will not routinely be transported to hospital by BSMHFT funded transport unless they are already inpatients in a BSMHFT hospital. For example, transport will not normally be arranged by BSMHFT from custody or the patient's home, or when newly detained under the Mental Health Act where a AMHP makes a new application. This responsibility rests with the West Midlands Ambulance Service, with West midlands police support when required as per risk assessment. Involuntary Transport (e.g. Secure Care & Prometheus) as currently configured should not be funded by BSMHFT Employees/used to transport patients from home/community to hospital in cases of newly detained patients (especially those who are objecting or resistive). Such usage of BSMHFT funded transport would be outside of the Mental Health Act Code of practice chapter 17 and BSMHFT trust policies and procedures.

All transfers under the MHA should occur in line with the Mental Health Act Code of practice chapter 17 with support of the WMAS and Police, where required.

#### Where BSMHFT is responsible for arranging transport.

When a patient is already an inpatient in a BSMHFT ward and subsequently has left the ward or needs to leave the ward, responsibility for transport rests with BSMHFT.

If involuntary transport is deemed necessary, best practice is to send a member of Trust staff who knows the patient and therefore all appropriate steps should be made to ensure BSMHFT staff escort is made available to assist.

Decision making around leave, including transport arrangements is the responsibility of the responsible consultant (RC) who will consider the patients individual needs and risks. This



should include consideration of public transport, if appropriate. If the RC deems public transport not appropriate, taxi transport will be permitted for use. The rationale for public transport or taxi is to be documented in the MDT notes and within the Section 17 leave prescription.

Is it acknowledged that taxi is sometimes required for those patients living in the community to be able to attend day services/BSMHFT appointments etc. Taxi may be acceptable if the service user has no other means to attend and is needed to reduce DNAs.

### When to use Involuntary (previously Secure Patient) Transport

For inpatients already under BSMHFT care, in most cases the Section 17 leave prescription by the Responsible clinician will set out the escort levels and how an escort should occur. This must be followed. Where the above is not available, the patients risk assessment determines whether secure transport is necessary. The staffing level should equate to healthcare assistants, with no requirement for a RMN (employed by the transport provider) in most situations.

Decisions over involuntary transport is largely based on issues of legality and clinical need/urgency. However, these can also be divided into two main types of scenarios:

**Cooperative Patients:** These are patients with insight who are willing to move from point A to B, as assessed by the clinical team. For this group, non-emergency transport such as SSL NEPT, taxis or ambulances may be used, with 'ambulance' depending on the patient's physical health. The number of escorts can be determined after a risk assessment.

Where appropriate, it is reasonable for the option of an informal patient to be transported by family/carer/friends. In all such cases, decision needs to be based on the risk/benefit ratio and this also needs to be clearly discussed with the person transporting to make sure there is understanding and agreement. This needs to be clearly documented within the patient's notes. If there is any concern or disagreement expressed by the person, family/carer/friends, then alternative arrangements need to be made by us.

**Uncooperative Patients:** This category includes unwilling patients or those deemed unlikely to fully cooperate due to factors like a history of absconding or fluctuating capacity. The clinical team needs to assess and decide accordingly. Trust policy is to always apply least restrictive principles, considering all modes of transport that is most suitable for the specific journey and circumstance. Any application of mechanical restraint should be in keeping with the individual risk assessment and authorised by the responsible medical team prior to the escort. Any application of mechanical restraint should comply with Trust policies and procedures.

Staff should note that involuntary transport is a premium service that requires careful planning to facilitate. Staff are strongly encouraged to make all reasonable attempts to book

with our commissioned provider in advance. Last minute, unplanned bookings leads to increased costs to the trust and so these should be avoided as and when possible.

Determining the number of escorts is the sole responsibility of BSMHFT via the Responsible Consultant. There are reported incidents where the transport provider has tried to influence decisions of escort numbers, and this should not be occurring.

#### Transport between two mental health hospital wards

RMN (employed by the transport provider) involvement may be considered only in exceptional circumstances, with a clear plan for interventions during transportation. No treatment should be administered during transit. Patients must be deemed medically fit for transport before conveyance, in line with trust rapid tranquilisation policy. Mental Health Act paperwork and medications sealed in a bag can be transported by involuntary transport staff of any grade.

#### Examples of Exceptional Circumstance:

The following are considered permissible examples of exceptional circumstance for RMN escort:

1. Where the care and review of a patient post ECT treatment is required during transportation back to the ward.
2. If a service user has been administered rapid tranquilisation, they should not be transferred within 2 hours of administration, unless there is a care plan and risk assessment in place, formulated by the responsible consultant as to why transportation can take place.

If the service booking the transport deems an RMN Escort being required as an 'exceptional circumstance', the appropriate CNM needs to approve the request (in-hours) or the Manager On-Call to approve (out-of-hours). The reason for exceptional circumstance should be given to the involuntary transport provider).

#### Transport between mental health hospital and acute general hospital

For patients in a mental health hospital under the Mental Health Act, Mental Capacity Act, or those informal but requiring urgent physical health intervention due to declining physical health, staff should initiate an ambulance call via 999 or 101 as appropriate. Paramedics, upon arrival, will assess and, if necessary, transport the patient to an acute hospital for follow-up care. Ward staff should provide an escort as determined by the responsible consultant.

When a patient is attending a planned appointment, ward staff should plan staffing in advance, utilising hospital taxi services and escorting staff as needed. Involuntary transport are available only when alternative options are deemed not viable.

Transporting patients on MOJ sections, particularly those with restrictions, involves submitting applications to the Ministry of Justice (MOJ). The MOJ will determine the minimum requirements, and the patient care team will review, supplement, and involve RMNs as necessary. Involuntary transportation will align with the issued requirements, and decisions regarding the use of RMNs made by the responsible consultant.

### **Taxi Booking**

BSMHFT has in place a contracted taxi provider to supplement the transport services provided by SSL. For clarity - journeys are not to be routinely booked under the taxi contract for leisure activities including shopping, patients going to the gym, job centre, housing visits, bank, pub, hairdressers, or staff private events such as away days etc. However, if a patient has mobility issues, or taxis is deemed necessary as part of the patient's treatment plan i.e. not for leisure, then taxi is a reasonable request.

For patients that are mobile, alternatives to taxi, including public transport, should be used in these scenarios and it is for the relevant clinical team to determine whether to pay for travel out of their dedicated budget.

If a sample is needed to be collected urgently outside of SSL transport schedule, then taxi can be used. If areas have their own transport and can provide a driver, this should be explored prior to booking a taxi.

All taxi booking should be made using the SSL Single Point of Access on **0121 301 2244**. Calls will be answered Mon-Fri 07:15-17:45 and redirected directly to the taxi company outside of these times.

Staff should provide appropriate information to our taxi provider. This includes an appropriate phone number to allow them to notify you of their arrival. Where there is no answer from the requestor, the driver will announce his/her arrival at reception, if parking and opening times allow.

Duplicate journeys continue to be an issue. Please ensure you are checking whether a journey has already been pre-booked for patients to avoid double booking. This is one of the benefits of booking via SSL who will check this information. SSL will provide a booking reference number that staff should make a note of on a ward booking log sheet. Outside of SSL hours, the taxi provider will provide a reference number.

Staff must ensure the patient does not change the pickup/drop off point. If a return journey is required, then this should be booked via SSL as a separate journey.

## Taxi Waiting Times

Please note that the taxi contract stipulates a maximum of 15 minutes of waiting time, otherwise the Trust will incur additional charges. Please ensure you time your bookings to ensure the 15 minutes waiting time is not exceeded when completing handovers, to include the time it takes for you to make your way from your working location to the taxi.

## Cancellation of Taxi

If you have booked transport but then establish that it is no longer needed, please contact SSL on **0121 301 2244** to cancel the booking. This helps reduce the number of aborted journeys and free's up resource.

Efforts should be made by teams to minimise the number of aborted journeys, including working with service users to ensure they cancel journeys ahead of time.

## Staff journeys

For staff transport, taxi should not be the 'go to' for all transport access. This is particularly true in journeys exceeding 10 miles each way. Staff journeys over 10 miles each way and under 1 mile each way will be included in a monthly CNM report where justification will be sought – to explore if alternative options were considered. Reasonable exceptions include mobility issues, perceived risk during nightshift etc.

The following alternatives should be fully explored instead of using taxi:

### Journey's under 1 mile

Consider car share, walking, bus, etc.

### Journey's over 10 miles

Bus	Tickets can be claimed under expenses. You can get 10% discounted bus tickets for NHS on the NXBus mTicket app.
Train	Redfern (CTM) provides a managed service, if you need to book a train journey, contact SSL Transport within office hours, who will be able to assist (from 15 <sup>th</sup> May 2024).
Own Car	Claiming expenses when using your own car requires you to have selected using your car for 'business' purposes when choosing your insurance policy. This is rarely an additional cost and is a national requirement for the trust to be able to reimburse mileage costs. Parking receipts can be uploaded to expenses and will be paid once approved.

Vehicle Hire	<p>We work with various hire companies to enable staff to hire a vehicle for Trust business to help in the reduction of taxi usage. The Trust can procure a small car for approx. £35.00 per day, excluding fuel.</p> <p>The <a href="#">Trust Wide Driver Process</a> is a protocol that has been developed to govern the use of Trust vehicles by Trust employees and nominated volunteers only. The aim of the protocol is to provide clear guidance on the permitted use of hire vehicles.</p> <p>Drivers need to be on the approved list before hiring a vehicle.</p> <p>All required forms are available on the <a href="#">SSL Transport website</a>. Once a completed Trust Hire Car Request Form has been signed, they should be emailed to <a href="mailto:bsmhft.hirecars@nhs.net">bsmhft.hirecars@nhs.net</a>. Save a local copy of the booking form for your records.</p> <p>For further information and/or support to hire a vehicle, please call SSL on: 0121 301 2244.</p>
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### Performance Issues

All issues with any transport provider (for example, quality & safety concerns, not turning up, or being late etc) should be documented on eclipse, indicating the level of harm caused. Staff are asked to ensure they record the provider's name e.g. Taxi provider, SSL, specific involuntary transport provider etc to avoid any confusion.

Following the correct incident reporting process allows our Contract Management Team to review these and address these directly with our providers.

### Approval process

The following approvals should be adhered to for all bookings. These names will need to be provided upon booking as confirmation that they have authorised the journey. These will be checked with the authoriser on a monthly basis:

Staff and NEPT taxi	Ward Manager or Duty Senior Nurse
Staff taxi exceeding 10 miles each way	CNM or On Call Manager
Secure Patient Transport	CNM or On Call Manager
Other Secure Transport (e.g. Not our current contracted provider or Prometheus)	Associate Director

### Ward Manager and CNM responsibilities

Ward managers are responsible for ensuring transport usage is accessed in accordance to this Standard Operating Procedure.

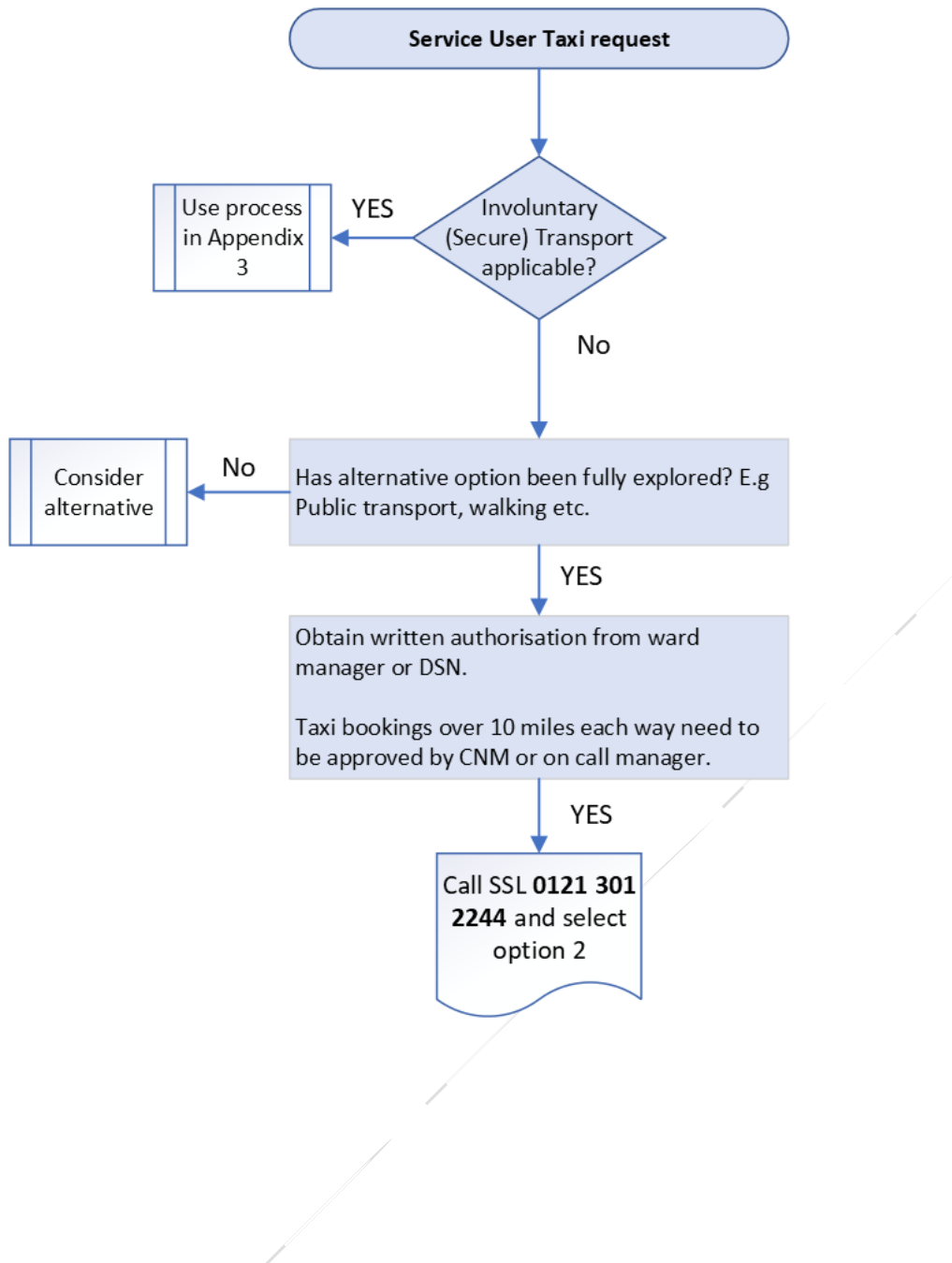
Managers are asked to familiarise themselves with the appropriate transport booking and approval process to help ensure staff adhere to the flow chart process and are using recommended alternatives.

### **Observed Hospital Stays**

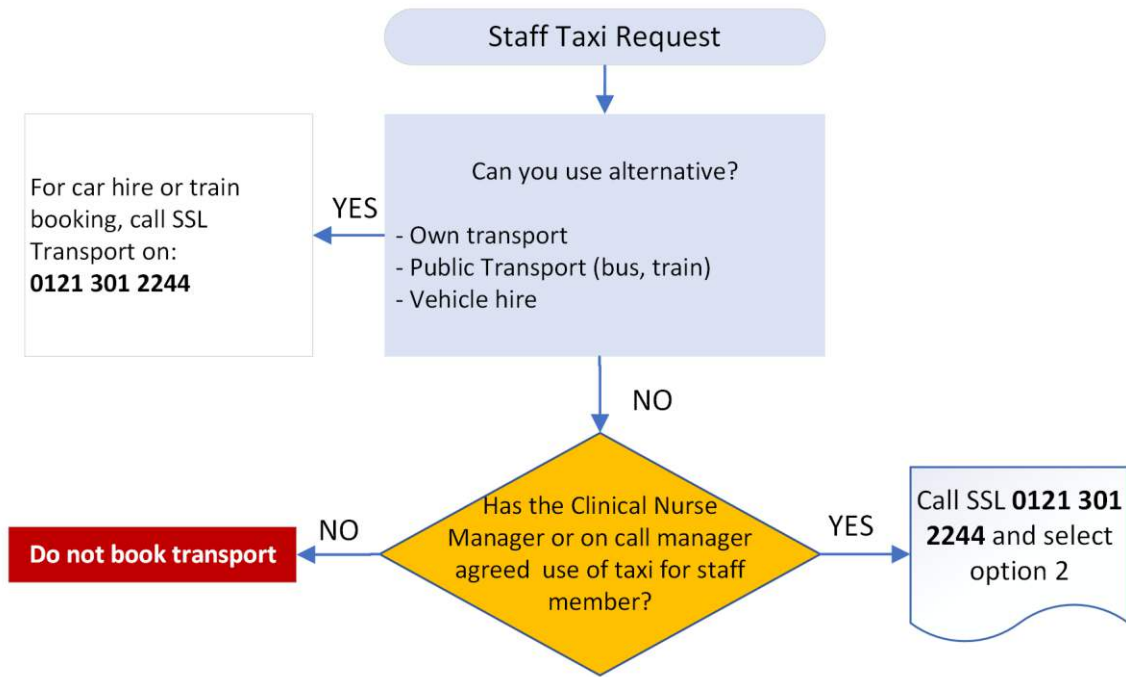
We acknowledge the significant challenges arranging for staff to observe patients during a hospital admission and are aware there have been incidents where our contracted involuntary transport provider have been used to provide this 'bed watching' service.

However, there are a number of risk concerns with this process and therefore all alternatives need to be fully explored in the first instance. If no alternative is available, then approval needs to be made on a case-by-case basis and approved by the divisions Associate Director on a daily basis.

### **Service User Taxi request**



**Staff Taxi request**

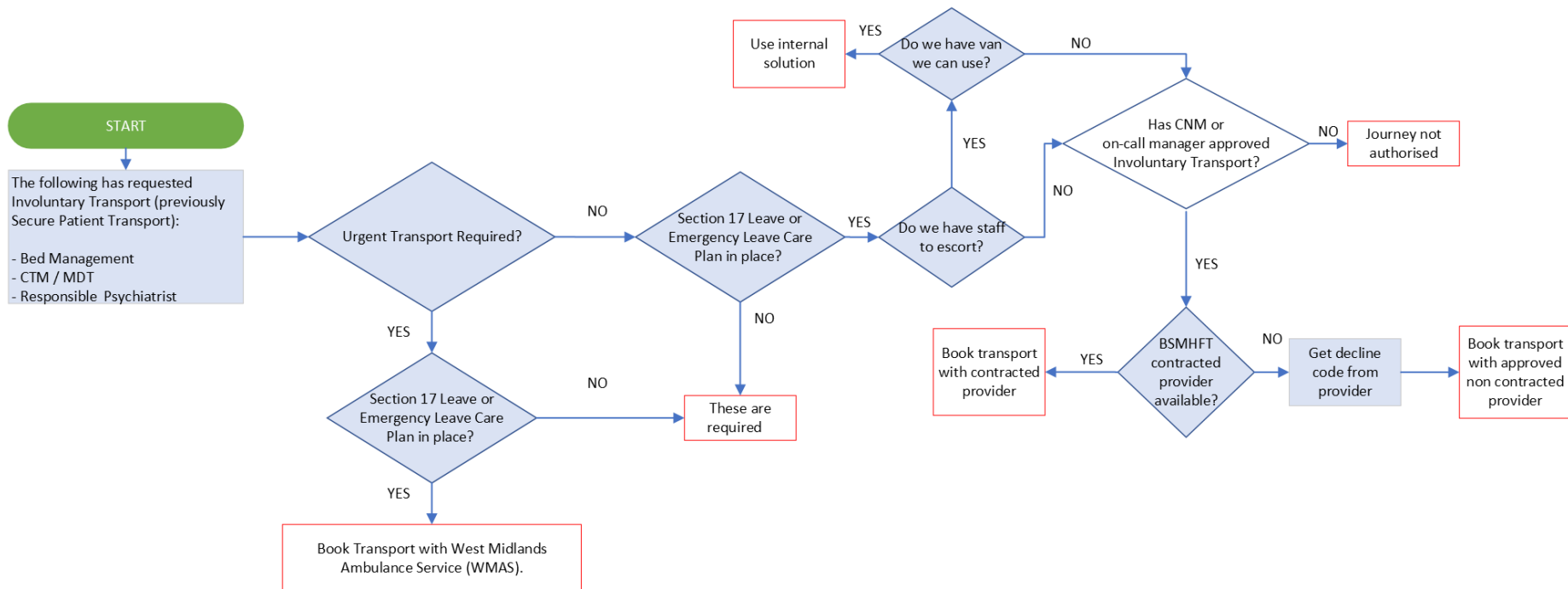






## Secure Patient Transport Booking Process

NOTE: From a community setting, patients will not routinely be transported to hospital by BSMHFT funded transport unless they are already inpatients in a BSMHFT hospital. For example, transport will not normally be arranged by BSMHFT from custody or the patient's home, or when newly detained under the Mental Health Act where a AMHP makes a new application. This responsibility rests with the West Midlands Ambulance Service, with West Midlands police support when required as per risk assessment.



## Transportation of goods

