Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

PWYLLGOR DEDDFWRIAETH IECHYD MEDDWL
MENTAL HEALTH LEGISLATION COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	07 June 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	Policy for Approval
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Executive Director of Operations
SWYDDOG ADRODD: REPORTING OFFICER:	Sarah Roberts, Mental Health Legislation Manager

Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The Mental Health Legislation Committee is asked to approve the following Policy:

731 – Section 17 Leave Policy

This report provides assurance that Policy 190 – Written Control Documentation has been adhered to in the review of the Policies and that the documents are in line with legislation/regulations and can be implemented within the Health Board.

Cefndir / Background

It is imperative that Hywel Dda University Health Board has up to date and accurate written control documentation in order to comply with relevant legislation/regulations and minimise any associated risk.

Asesiad / Assessment

The Section 17 Policy has been updated as part of a 3 yearly review under the Written Control Document Group. It has been widely circulated for comment. There have been no legislative changes during the past 3 years which have affected the document and I do not foresee any in the near future. An Equality Impact Assessment has also been updated. The policy was approved by the Mental Health Scrutiny Group on 9th May 2024 and the Mental Health Written Control Document Group on 28th May 2024.

Argymhelliad / Recommendation

- The Mental Health Legislation Committee is requested to approve the policy.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.16 Approve organisational policies, procedures, guidelines and codes of practice (policies within the scope of the Committee)
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply Choose an item. Choose an item. Choose an item.
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply Choose an item. Choose an item. Choose an item.
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable Choose an item. Choose an item. Choose an item.
Amcanion Cynllunio Planning Objectives	Not Applicable Choose an item. Choose an item. Choose an item.
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	The content of this policy is developed utilising expert advice, with reference to legislation and guidance documentation.
Rhestr Termau: Glossary of Terms:	Contained within the body of the policy
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Deddfwriaeth Iechyd Meddwl: Parties / Committees consulted prior to Mental Health Legislation Committee:	MH Scrutiny Group Written Control Documents Group Medical Staff Committee Ward Managers Forum Community Mental Health Team Forum Global email consultation WWAMH Reading Group Senior Nurse Management Team

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Not applicable

Ansawdd / Gofal Claf: **Quality / Patient Care:**	To support patients seeking advocacy support under the Independent Mental Health Advocacy service
Gweithlu: **Workforce:**	Direct legal responsibilities for staff associated with use of Mental Health Act
Risg: **Risk:**	HDdUHB must have an up to date and accurate written policies to avoid risk
Cyfreithiol: **Legal:**	Mental Health Act 1983 Mental Health (Wales) Measure 2010
Enw Da: **Reputational:**	Not applicable
Gyfrinachedd: **Privacy:**	Not applicable
Cydraddoldeb: **Equality:**	Equality Impact Assessments undertaken in collaboration with Senior Equality and Diversity Officer.

Section 17 Leave Policy
(Mental Health Act, 1983)

Policy information
Policy number: 731

Classification:
Clinical

Supersedes:
Version 2 October 2021

Clinical documents only:
Local Safety Standard for Invasive Policys (LOCSSIP) reference:
not applicable
National Safety Standards for Invasive Policys (NatSSIPs) standards:
not applicable

Version number:
3

Date of Equality Impact Assessment:
01/02/2024

Approval information
Approved by:
Mental Health Legislation Committee

Date of approval:
Enter approval date

Date made active:
Enter date made active (completion by policy team)

Review date:
06/10/2024

Summary of document:
Section 17 is a provision under the Mental Health Act, 1983 that allows detained patients to be granted Leave of Absence from the hospital where they are receiving treatment. Section 17 is an agreed absence for a defined purpose and duration and allows patients who are detained under the Mental Health Act to temporarily leave the hospital. Patients can be recalled to hospital if necessary in the interests of their health or safety or for the protection of others.

Scope:
The contents of this policy apply to all clinical staff working within the health board who are involved in the care and treatment of patients detained under the Act who qualify for section 17 leave.

To be read in conjunction with:
625 Community Treatment Order Policy - opens in a new tab

811 Mental Capacity Act Practice Guideline - opens in a new tab

163 Deprivation of Liberty Safeguards Policy - opens in a new tab

688 Section 117 Aftercare Policy - opens in a new tab

596 Section 5(2) Doctors Holding Power - opens in a new tab

626 Section 5(4) Nurses Holding Power Policy - opens in new tab

218 Missing Person Procedure - opens in new tab

Owning group:
Mental Health Written Control Document Group
Date signed off by owning group

Executive Director job title:
Mr Andrew Carruthers, Executive Director of Operations

Reviews and updates:
Version 1 – 13.09.2018
Version 2 – 06.10.2021 review
Version 3

Keywords
Section 17, Leave, AWOL, Mental Health Act

Glossary of terms

Term	Definition
Approved Clinician	A mental health professional approved by the Welsh Ministers (or the Secretary of State) to act as an approved clinician for the purposes of the Act. In practice, Health Boards take these decisions on behalf of the Welsh Ministers. Some decisions under the Act can only be undertaken by people who are approved clinicians. A responsible clinician must be an approved clinician.
Community Treatment Order (CTO)	The legal authority for the discharge of a patient from detention in hospital, subject to the possibility of recall to hospital for further medical treatment if necessary. Community patients are expected to comply with the conditions specified in the community treatment order.
Responsible Clinician	The approved clinician with overall responsibility for the patient's care.
Section 19	Transfer of patients to a hospital under another hospital managers.
Mental Health Review Tribunal (MHRTfW)	The Mental Health Review Tribunal for Wales is an independent judicial body which deals with applications and references by and in respect of qualifying patients detained under the Mental Health Act
DATIX	Datix is a Risk Management Information System designed to collect and manage date on adverse events.
Ministry of Justice (MOJ)	Casework section within MOJ who authorise leave on behalf of the Secretary of State
Care Partner	An electronic health record used within Mental Health and Learning Disabilities

Contents

Introduction

A patient who is currently liable to be detained in hospital under the Mental Health Act, 1983 (the Act), can only leave hospital lawfully if they are granted leave of absence by the Responsible Clinician (RC) under section 17 of the Act. This includes those detained under section 2, 3, 37 and 47 of the Act. Short and long term leave from the hospital or its grounds including leave to reside in other hospitals needs to be covered by a section 17 authorisation.

It is not available to patients detained under section 5(4), 5(2), 4, 35, 36, 38, 135 or 136 of the Act.

Policy Statement

The purpose of this policy is to provide guidance to staff on granting and managing leave of absence in accordance with the Act and statutory guidance and the processes to be followed.

Scope

The contents of this policy apply to all clinical staff working within the health board who are involved in the care and treatment of patients detained under the Act who qualify for Section 17 leave. The policy is concerned with Section 17 leave only. (17A or CTO is addressed within the 625 - CTO policy).

Aim

The aim of the policy is to ensure effective compliance with providing leave to detained patients in accordance with Chapter 27, Leave of Absence, The Code of Practice for Wales 2016 and the Ministry of Justice Guidance.

Objectives

The aim of this policy will be achieved by the following objectives:

- To ensure that staff are aware of their responsibilities for granting leave under the Act.
- To ensure that staff are aware of their responsibilities for documenting leave of absence and managing the risks that may be associated with this.
- To ensure that staff are aware of the procedures to follow when a patient is Absent without Leave (AWOL).

Granting Leave

Only the patient's RC can grant leave of absence to a patient detained under the Act. RCs cannot delegate the decision to grant leave of absence to anyone else. In the absence of the usual RC e.g. 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 RC as a nominated deputy. The completion of a Nomination of RC form is required (See Appendix 2)

RCs may grant leave for specific occasions or for specific or indefinite periods of time. They may make leave subject to any conditions which they consider necessary in the interests of the patient or for the protection of other people.

The patient's consent will be sought prior to any consultation with family/nearest relatives/carers or any other relevant persons, before Section 17 leave is granted. The views of the relatives/carers should be considered. Where such consent is not forthcoming the RC should consider whether the Section 17 leave is appropriate. Any conditions that are attached to leave must be stipulated including what support and/or resources the patient would require during their leave of absence.

For patients who are subject to restriction orders (i.e. subject to section 41 or 49). The RC must seek approval from the Secretary of State for Justice (MOJ). Life threatening emergencies requiring immediate removal are exempt by a common law duty of care, the circumstances of which must always be documented.

It is important to ensure that the patient is aware, understands and agrees to the plans and support provided during their leave, wherever possible. They must also be informed about what to do and who to contact, if they wish to return to hospital early.

Considerations about the patient's current risk must be identified and where necessary ensure that safeguards are in place and liaison with any relevant agencies who may be involved has occurred. The RC must balance these benefits against any risks the leave may pose for the protection of other people. This information must be recorded on Care Partner. In the case of a mentally disordered offender patient, consider whether there are any issues relating to victims that impact on whether leave must be granted and the conditions to which it must be subject (refer to Chapter 27 MHA Code of Practice for Wales).

Informal patients are not subject to leave requirements under section 17. A patient who is not detained has the right to leave, other than those patients subject to authorisation under the Deprivation of Liberty Safeguards (DoLs). However, patients may be asked by staff to inform them when they want to leave the ward. In the case of children, safeguarding needs and the opinion of the person with parental responsibility must be taken into account.

Process for recording leave

The granting of leave and the conditions attached to it, must be clearly recorded on a Section 17 leave form(Appendix 1) which must be completed by the RC to authorise all leave and specify any conditions including a time-limit or review date.

Prior to granting any leave from an inpatient ward the RC must record on a Section 17 leave form:-

- the leave address if overnight
- conditions and purpose of the leave
- if the patient is being accompanied
- if a Community Treatment Order has been considered (if applicable)
- duration of the leave
- when it is to be reviewed

Copies of the forms must also be given to the patient, any appropriate relatives or friends and any professionals in the community who may need to be informed. All expired section 17 leave authorisation forms must be clearly marked as no longer valid by striking them through.

Nursing staff must ensure that the leave form is emailed to the MHA administration team and that a copy of the form is retained on the ward.

Nurse in Charge

The Nurse in Charge, before allowing any patient leave will ascertain whether or not there have been any changes in the patient's mental state, potential risk to the patient or others, or general circumstances that could raise doubts about the propriety of allowing leave. In reaching this decision, the Nurse in Charge should take particular account of other team members' views and the written entries on Care Partner that have been made within the previous 48 hours. If the Nurse in Charge has concerns as to whether leave should be facilitated, leave should be withheld until the matter can be reviewed with the patient's RC and/or the Clinical Team.

Nursing staff are responsible for ensuring that the patient is aware of the conditions of leave and the implications of the 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).

For those restricted patients who require the consent of the MOJ a copy of the letter approving leave must be attached to the completed form and ward staff must ensure that they are valid and conditions can be satisfied.

On commencement of leave it is advisable to document the time and date the patient left the unit and the time and date that they are due to return must be monitored. Also to ensure that an up to date contact number is available for the patient and the friend, relative or carer that maybe involved in the leave.

If any authorised section 17 leave has been withheld by nursing or medical staff, the reasons for this must be explained to the patient and documented clearly on Care Partner. This must also be explained to any other person/s who may have been involved with leave at this time.

In case a patient fails to return from leave, an up-to-date description of the patient must be available. If a patient is only granted leave for a short period of time for example 6 hours, a description of their clothing must also be noted.

The RC can grant leave over the telephone in urgent cases. If the urgency is so great that there is no time to contact the RC and get verbal authorisation the Mental Capacity Act 2005 provides authority for mentally incapacitated patients to be moved to a general hospital; A mentally capable person can be moved with their consent – in both cases, the RC must authorise leave as soon as is practicable both verbally and in writing.

The outcome of leave, whether or not it went well, benefits achieved, and particular problems encountered or concerns raised must also be recorded on Care Partner to inform future decision-making. Patients must be encouraged to contribute by giving their own views on their leave.

Transfers between Mental Health wards

On occasion patients may have to be transferred to a bed in other areas within Hywel Dda. Prior to this happening consideration needs to be given to any pending MHRT hearings, hospital managers hearings and Second Opinion Appointed Doctor visits. RCs must be consulted either directly or through usual ward procedures. Following transfer the patient must have their section 17 leave reviewed by the RC and a new section 17 leave form completed.

When a patient is transferred or a change of RC is made the new RC **MUST** review any previously granted leave and either agree for continuation by completing a new Section 17 leave form or recording that this has been revoked.

Short-term leave

Section 17 periods of leave, authorised by the RC, may be recorded "at the discretion of" which would allow another professional to use their own knowledge and judgement of a situation to determine whether the leave authorised is suitable for the patient at a particular time. The patient may be given leave for a shopping trip of two hours every week, with the decision on which particular two hours left to the discretion of the responsible nursing staff. The leave must specify circumstances in which leave must not proceed.

The RC must clearly set out the parameters within which the discretion may be authorised. (This is to ensure that the staff managing the leave do not interpret the leave differently).

Ground leave for patients whether escorted or unescorted cannot be granted for them to smoke or vape anywhere on Health Board premises

Longer periods of leave

If longer periods of leave are being considered the patient must be fully involved in the decision. It is necessary to consult with carers, relatives and friends if the patient consents (especially where the patient is staying with them). The RC must be satisfied that the patient is able to manage outside the hospital and as with short term leave must specify circumstances in which leave must not proceed, for example if the patient's health has deteriorated since the leave was authorised.

Patients who are having longer periods of leave, or incapacious patients managed under the Mental Capacity Act having leave, to a care home or supported living, consideration should be given as to whether the patient will be under continuous supervision and control and not free to leave. Where they lack capacity to consent a Deprivation of Liberty Safeguards (DoLS) should be sought. Where possible this should be done before the person goes on leave.

When granting longer term periods of leave the RC must consider whether there is a significant component of the patient's care being delivered in hospital. **DB v Betsi Cadwalader UHB [2021] UKUT 53**

Escorted leave – Section 17(3)

Escorted leave may be used to enable a patient to participate in escorted trips or to have compassionate home leave. If it is felt that the absconding risk of the patient is high then the RC must review the leave and a minimum of two escorts must be provided.

The RC may direct that a patient remains 'in custody' while on leave of absence, either in the patient's own interests or for the protection of other people. A patient may be kept in the custody of any officer, on the staff of the hospital or any person authorised in writing by the hospital managers.

The Code of Practice 27.25 states while it may often be appropriate to authorise leave subject to the condition that a patient is accompanied by a friend or relative, RCs should only specify that the patient is to be in the legal 'custody' of a friend or relative if it is appropriate for that person to be legally responsible and that the person understands and accepts the responsibilities of being the patient's legal custodian. In the case of children, it may be appropriate for the person with parental responsibility to be the legal custodian. Otherwise leave with friends or relatives is classed as unescorted.

If this is contemplated for a restricted patient, advice must be sought from the MOJ.

Restricted Patients

Where the courts or the MOJ have decided that a restricted patient is to be detained in a particular unit of a hospital, that patient will require the MOJ's permission to have leave of absence, to go to any other part of that hospital as well as outside the hospital. (CoPW 27,35). Following completion of risk assessment, the RC must apply to the MOJ for any leave using the appropriate leave request form from the MOJ. Leave Application form for restricted patients

Written authorisation from the MOJ must accompany the Section 17 documentation and be stored in the patient's notes.

RCs have general consent to exercise their power to grant leave for medical treatment. The terms differ, depending on the type of patient (whether the patient is a transferred prisoner or whether they have been diverted to hospital for treatment by way of a hospital order). If the RC wishes to deviate from these criteria, they should contact the MOJ and seek written approval to do so, explaining why the change is sought and considered to be appropriate.

There will be times of acute medical emergency where the patient requires emergency treatment. In these situations, the RC may use their discretion, having due regard to the emergency or urgency being presented and the management of any risks, to have the patient taken to hospital. The MOJ should be informed as soon as practicable that the patient has been taken to hospital, what risk management arrangements are in place and be kept informed of any developments.

The RC should notify the MOJ if they need to suspend the leave of any restricted patients. Consideration will then be given as to whether to revoke or rescind the leave or allow the leave to continue.

Leave to another hospital – Sec 17(3)

The RC may also require a patient, as a condition of leave, to reside at another hospital in Wales or England, and they may then be kept in the custody of staff of that hospital. Before authorising leave on this basis, the RC must consider whether it would be more appropriate to transfer the patient under Section 19 of the Act to the other hospital instead.

Where a patient is granted leave of absence to another hospital, the RC at the first hospital must remain in overall charge of the patient's case.

If the urgency of the situation is such that there is no time to contact the RC and anticipatory leave has not been granted, the Mental Capacity Act 2005 will provide authority for a mentally incapacitated patient to be moved to the general hospital. A mentally capable patient can be moved to the hospital only with their consent. It must be recorded if the Mental Capacity Act is being used to move the patient or if they are consenting and have the Capacity to agree to the leave of absence. In both cases, the RC must authorise the Section 17 leave of absence at the earliest opportunity

Interface with Community Treatment Orders

When considering whether to grant leave of absence for more than seven consecutive days, or extending leave so that the total period is more than seven consecutive days the RC must consider whether the patient could be considered for a CTO. This does not apply to restricted patients. The option of using a CTO does not mean the RC cannot use longer-term leave if that is the more suitable option, but the RC will need to be able to show both options have been considered and recorded on the Section 17 leave form. Decisions must be explained to the patient and fully documented on Care Partner.

Recall from leave to hospital

Where section 17 leave is approved it must be recognised that a patient's mental state may deteriorate during that time and that decisions in respect of leave must take full account of current risk assessments.

The RC may revoke the leave and recall the patient to hospital at any time during an agreed period of leave, if reports are received from relatives/carers or other professionals such as inpatient or community staff, which indicate to the RC that recall is necessary in the interests of the patient's health or safety and/or for the protection of others. The RC must be satisfied that these criteria are met and must consider what effect being recalled may have on the patient. A refusal to take medication would not on its own be a reason for revocation, although it would almost always be a reason to consider revocation. The effect of revoking the leave is that the patient again becomes an inpatient.

Once the decision has been made to revoke leave of absence consideration must then be given to when and how the recall will be facilitated and by whom, and the likely reaction of this decision by the patient and carers. The risk implications inherent by the decision to revoke leave must be fully explored, anticipated and documented on Care Partner and any risks communicated by the person co-ordinating the recall, to all relevant parties.

The RC must arrange for a notice in writing revoking the leave to be served on the patient or on the person who is for the time being in charge of the patient (Appendix 3). The ward must always know the address of the patient who is on leave of absence and of anyone with responsibility for them whilst on leave and this must be recorded on the section 17 leave form.

It is essential carers, especially where the patient is residing with them while on leave, and professionals, who support the patient while on leave, must know who to contact if they feel consideration must be given to return of the patient before their leave is due to end.

The police must always be informed immediately of the absence without leave of a patient who is considered to be vulnerable, dangerous or who is subject to restrictions. When transporting a patient back to hospital, the police must only be asked to assist when returning a patient if it's deemed necessary.

Factors requiring consideration and consultation:

A decision needs to be made as to who is best placed to co-ordinate and execute the entire recall process:-

1. Inform the patient, nearest relative and other involved relatives/carers
2. Deliver the recall notice. The reasons for recall must be fully explained in writing by the RC to the patient, and if appropriate their family or carers and a record of the explanation included on Care Partner.
3. Liaison with police/ambulance etc.

Consideration needs to be given to the re-admission to hospital and whether a PICU bed is necessary.

The RC must notify the MOJ if they need to suspend the leave of any restricted patients. Consideration will then be given as to whether to revoke or rescind the leave or allow the leave to continue

Absent without leave – Section 18

Where a detained patient fails to return from leave the MHA department must be notified. If the patient is deemed missing the *Missing Persons under the care of the Mental Health and Learning Disabilities Directorate Procedure* must be followed.

Section 18 of the Act provides powers to return a patient to hospital who is absent without leave or have been recalled to hospital on a Community Treatment Order (CTO).

A patient is considered to be absent without leave in various circumstances, for example when they:

- Have left the hospital in which they are detained without leave being agreed by their RC under section 17.
- Have failed to return to the hospital at the time required to do so under the conditions of their section 17 leave.
- Are absent without permission from a place where they are required to reside as a condition of leave under section 17.
- Have failed to return to the hospital if their leave under section 17 has been revoked.
- Are a patient on a Community Treatment Order (CTO) who has failed to attend hospital when recalled.
- Are a CTO patient who has absconded from hospital after being recalled there.
- Are a conditionally discharged restricted patient whom the MOJ has recalled to hospital.

All instances of absence without leave must be recorded on Care Partner, and reported through DATIX. Incidents must be reviewed so that lessons about ways of identifying patients most at risk of going missing can be learnt.

A detained patient, including those on a CTO, who are absent without leave may be taken into custody and returned to the hospital by an approved mental health professional (AMHP), any member of the hospital staff, any police officer, or anyone authorised in writing by the hospital managers in line with section 18.

Care and treatment whilst on leave

The RC's obligation for the patient's care remains the same while the patient is on leave. The duty to provide after-care under Section 117 of the Act for certain patients who have been discharged from detention also applies to those patients who are on section 17 leave.

A patient granted leave under section 17 remains 'liable to be detained' and the rules of consent to treatment under Part 4 of the Act continue to apply (medical treatment for mental disorder). If it becomes necessary to administer treatment in the absence of the patient's consent, consideration must be given to recalling the patient to hospital, although this is not a legal requirement

Renewal of authority to detain

A period of leave can be extended by the RC (with the consent of the MOJ if appropriate) in the patient's absence. A period of leave cannot last longer than the authority to detain which was current when the leave was authorised or extended and the RC must examine the patient in person whilst they are still on leave. The RC must further consider the statutory criteria for detention are met and further hospital treatment is necessary or if it would be more appropriate for the patient to be placed on a CTO.

Monitoring

The Mental Health Legislation Scrutiny Group will monitor procedural document compliance and effectiveness that relates to Section 17 Leave and report any concerns to Mental Health Legislation Committee.

Any incidents of serious incidents relating to the use of Section 17 Leave will be monitored by the Quality Safety and Experience Committee (QSEC).

Roles and Responsibilities

Chief Executive

Is responsible for ensuring that responsibility for management of the legal and appropriate admission and care of patients is delegated to an appropriate executive lead and assuring this policy is implemented within the Health Board.

Mental Health & Learning Disabilities Lead Executive

Is the Executive Director who has overall responsibility for the effective delivery of MHA and related legislation and policies, ensuring that there are appropriate quality assurance mechanisms in place in relation to the guidance in this policy.

Ward Managers

Are responsible for ensuring all staff are conversant with the Act, its Code of Practice and this policy. They must be aware of and ensure implementation of the procedures and actions that are required to be taken in relation to patients in their service area.

Medical Staff / Approved Clinicians

Hold a key role in the procedures and actions that are required to be taken in relation to detention and treatment of patients. They must be aware of this policy and ensure implementation of the procedures and actions that are required to be taken in relation to patients for whom they are responsible.

Responsible Clinicians

Are specifically responsible for:

• Consideration of and granting of leave to detained patients.

• Seeking authorisation from the Ministry of Justice for any leave for restricted patients.

Registered healthcare professionals

Are accountable for their own practice and must be aware of legal and professional responsibilities relating to their competence, observe this policy, legislation and guidance as detailed above, and work within the Code of Practice of their professional body.

Health Board employees working in roles to provide healthcare in direct clinical contact with patients

Are responsible for carrying out procedures in line with the standards detailed in this and maintaining their individual competence in the practice of the Act and attending training as required by their roles.

The Mental Health Act Administration Lead

Is responsible for the monitoring and review of this policy, disseminating new guidance as it arises and giving advice to all staff on MHA issues. This person is also responsible for highlighting practice issues arising within the Health Board, provision of appropriate administration support in relation to the Act, education to support the policy standards, advising the Mental Health Legislation Scrutiny Group and Mental Health Legislation Committee that monitors the use of the Act

References

Mental Health Act 2007 (legislation.gov.uk)

Mental Health Act 1983: code of practice | GOV.WALES

Mental Capacity Act Code of Practice - GOV.UK (www.gov.uk)

Deprivation of liberty safeguards: resources - GOV.UK (www.gov.uk)

Human Rights Act 1998 (legislation.gov.uk)

Data protection: The Data Protection Act - GOV.UK (www.gov.uk)

(DB v Betsi Cadwaladr UHB (2021) UKUT 53) - Search (bing.com)

Request leave for restricted patients - GOV.UK (www.gov.uk)

Appendix 1

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

RECORD OF SECTION 17 LEAVE OF ABSENCE

Patient Full Name:		**Granted by <u>Responsible Clinician</u>:- (only)**		
Leave of Absence to be granted/ to be reviewed no later than expiry date of detention		**Name Print:**		
With effect from:	**To be granted until:**	**Signature (<u>not digital</u>):** **Date:**		
Ministry of Justice Authority checked (if applicable)			Yes	No
Full Leave Address and with whom:-				
If S.17 leave overnight leave has been approved for more than **7 days**, has a CTO been considered?		N/A	Yes	No
Duration of leave:-	**Conditions of leave:-**			
Purpose of leave and consequences of not giving leave:-				
Any service input arranged or required during period of leave: (e.g. CRHT/ CMHT/ reallocation to another Responsible Clinician) Details:				
The RC grants ongoing S17 leave to a medical bed on a general ward if and when required			Yes	No
Have safeguarding issues been considered?			Yes	No
The RC has discussed S.17 leave with the patient			Yes	No
The RC has discussed S.17 leave with the appropriate relatives/carers			Yes	No
The RC has discussed S.17 leave with the Care Coordinator Insert name:			Yes	No

Copies to: Patient ☐ MHA Admin Team ☐ Sec 17 leave folder ☐ Care Co-ordinator ☐

If there is a significant risk of deterioration, leave may be temporarily withheld by the care team under discussion with the RC
Action to be undertaken if conditions not adhered to:
Note for escorts accompanying persons: **In case of difficulty, contact:** **Telephone No:**

Nomination of a Responsible Clinician

Current RC:	**Name of Doctor Nominated/Identified:**
If temporary, please provide dates of cover:	
If permanent transfer, with effect from:	
To cover the following areas (identify wards/CMHTs) or specific patient(s) only *(delete as appropriate):*	
Signed:	
Designation:	
Dated:	

** Copies to be sent to the Mental health act administration team and relevant clinical teams **

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

SECTION.17(4) – Return of Patient Absent without Leave

Name of Patient: …… **Section**:……

Address of detaining Hospital:……

……

I revoke the leave of absence given to …… under the provisions of Section17(4) and recall him/her to hospital as it appears necessary in the interests of the patient's health or safety or for the protection of other persons.

Reasons for Recall to Hospital: ……....

……..

……..

Signed: …… …….. **Date:** ……
(Responsible Clinician/Deputy Approved Clinician)

Copy to: Patient
Nearest Relative/Carer/Friend
Mental Health Act Administrator
Care Co-ordinator
Approved Mental Health Practitioner
Police