Clinical

Mental Health Act 1983:
Section 19 Transfer Regulations: Standard Operating Procedure

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<th>Document Control Summary</th>
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| **Author/Owner/Title:** | Dawn Crowther- Mental Health Legislation Manager |
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Mental Health Act 1983  
Section 136  

**Standard Operating Procedures (SOPs)**  
Admission to hospital  
Scheme of Delegation  
Section 132 Informing patients of their rights under the Mental Health Act 1983 |
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Change Control – Amendment History

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1. Introduction

1.1 Section 19 of the Mental Health Act 1983 (as amended by the Mental Health Act 2007) (the Act) provides for patients detained for assessment or treatment under the Act to be transferred from one hospital to another, and to be transferred between hospital and guardianship, where there are good reasons for the transfer and the needs and interests of the patient have been considered.

1.2 Patients held under the following sections cannot be transferred under this provision:
   - Section 5(4) nurse holding power
   - Section 5(2) doctor’s or approved clinician’s holding power
   - Section 35 remand to hospital for assessment
   - Section 36 remand to hospital for treatment
   - Section 38 interim hospital order

1.3 Patients subject to Restriction Orders cannot be transferred without the express permission of the Ministry of Justice.

1.4 Chapter 37 of the Code of Practice and Chapter 10 of the Reference Guide to the Act contain further guidance on transfer of patients.

2. Purpose

2.1 This procedure provides guidance on the transfer of patients detained under the Act from one hospital to another, or between a hospital and guardianship, and the processes to be followed.

2.2 This guidance should be read in conjunction with the Trust policies and guidance on Receipt of Section Papers and Section 17 Leave, and with the information found at 1.4 above.

3. Scope

3.1 This procedure relates to all qualified staff working in inpatient areas and with detained patients in the community, and to staff in the Mental Health Legislation Department.

3.2 Transfer on section 136 - There are provisions within the Act for the transfer of people subject to detention under section 136. This means that during the 72-hour period of detention a transfer can be made to another place of safety. Staff should refer to the Trust section 136 policy for full details.

4. Definitions

Section 17F – the formal transfer of a recalled community treatment order patient to a hospital under different managers (different Trust).

Section 19(1)(a) - the formal transfer of a detained patient to another hospital under the care of different hospital managers (different Trust); or the formal transfer from hospital to Guardianship.
Section 19(1)(b) - the formal transfer of a patient under Guardianship to a different social services authority or person; or to hospital under section 3.

Section 19(3) – the transfer of a detained patient from one hospital to another managed by the same hospital managers (same Trust).

Section 19A – the transfer of responsibility for a patient detained on a Community Treatment Order (Section 17A) from one hospital to another under different hospital managers (different Trust).

5. Duties and Responsibilities

5.1 The Chief Executive is responsible for ensuring that responsibility for management of the appropriate and safe transfer of detained patients is delegated to an appropriate executive lead and assuring this policy is implemented within the Trust.

5.2 The Chief Operating Officer is responsible for ensuring the effective delivery of the Trust policy and procedures for the transfer of detained patients.

5.3 The Mental Health Legislation Manager is responsible for:
- The development, monitoring and review of this policy and practice standards
- The provision of appropriate mandatory training and education to support the policy standards.
- Advising the Mental Health Legislation Committee that monitors the use of the Act and reports to the Quality Effectiveness and Risk Committee, of any issues relating to the implementation of the policy.

5.4 Mental Health Act Administrators are responsible for
- Implementation of the Section 19 Transfer processes that are documented within this policy
- Ensuring that the Trust has a supply of statutory forms and that these are completed as appropriate;
- Provide guidance and support to any staff member with queries regarding the Act

5.5 Service Directors, Clinical Directors and Service Managers are responsible for:
- Implementation and monitoring of this policy in their areas of responsibility
- Ensuring that systems and processes are in place and monitored to meet the requirements outlined in this policy

5.6 Team leaders, departmental heads, ward and unit managers are responsible for:
- Ensuring that all appropriate employees in posts in the Trust clinical services attend appropriate training.
- Implementation of the Section 19 Transfer processes that are documented within this policy.

5.7 Trust employees working in roles to provide healthcare in direct clinical contact with detained service users (Qualified Practitioners, including Approved Clinicians) are responsible for:
- Ensuring awareness of the content of this policy
- Carry out transfer procedures in line with the standards detailed within this policy
• Maintaining their individual competence in the practice of the Act and attending training as required by their roles

6. Delegated positions authorized to accept documentation and carry out functions on behalf of the hospital managers

6.1 The Hospital Managers (Directors of the Trust) are responsible for the operation of the Act. Although they retain the ultimate responsibility for the execution of all duties in relation to the Act, they may delegate powers as applicable. Chapter 30 of the Code of Practice sets out the specific duties of the Hospital Managers.

Two of the duties they may delegate are the acceptance of Mental Health Act documentation and the transfer of patients under Section 19, 19A and 17F of the Act.

6.2 The following positions are authorized to transfer patients on behalf of the Hospital Managers:

   Mental Health Legislation Manager
   Mental Health Act Administrators
   Senior Nurse on duty at any of the Trust’s Units/Wards
   Any officer officially acting up for any of the posts

7. Section 19, 19A and 17F Transfers

7.1 Any detained patient who requires transfer to a Mental Health Hospital/Unit in another Trust (i.e. one which comes under the authority of different Hospital Managers), or a nursing home registered to accept detained patients, must do so under the provisions of section 19. Where a patient is held under a supervised community treatment order requires transfer this must take place under Section 19A or 17F.

7.2 Section 19 can only be used to transfer patients who are subject to detention under a Section 2, 3, 37, 47 of the Mental Health Act 1983 or who are subject to a guardianship order.

7.3 Section 19A can only be used to reassign responsibility for a patient on a supervised community treatment order from one hospital to another under different managers.

7.4 Section 17F can only be used to transfer a patient on a supervised community treatment order who is subject to recall. The maximum 72-hour period of detention in Hospital on recall will continue to run from the original time that the service user was detained. Either prior to or at the time of the transfer taking place the receiving Hospital/Unit is to be provided with a copy of the Form CT04 which records the time of the service users detention following recall.

7.5 For service users detained under restriction orders (37/41 or 47/49) a transfer under Section 19 can only take place with prior approval from the Home Secretary and with a transfer direction issued by the Ministry of Justice.
7.6 The receiving Hospital/Unit must agree to the acceptance and subsequent transfer of the service user. **No transfer can take place without the receiving hospital having previously accepted the service user.**

7.7 In the event of a service user requiring transfer to Scotland, Northern Ireland or the Channel Isles, staff should seek advice from the Mental Health Act Office.

7.8 Section 19 should not be used to transfer a patient to a general hospital for treatment/assessment of a physical disorder. In these cases, the Trust should retain responsibility for the patient’s detention and arrangements should be made for leave to be granted under Section 17 to cover the period at the general hospital (see Trust Section 17 leave SOP).

8. **Section 19 / Section 17F(2) Transfer Out**

8.1 Where a section 19 or 17F transfer to another hospital is planned, the Senior Nurse on the patient’s ward must ensure that the MHA Administrator for the site is notified of the intended date for transfer. The MHA Administrator will arrange for all of the original section papers relating to the current detention, along with a completed (Part 1) Section 19 transfer Form H4 or CTO6 to be delivered to the ward for transfer to the patient. A copy of all these papers will be retained on the patients MHA administration file.

8.2 Staff accompanying the patient to the new hospital should ensure that a copy of the signed acceptance of the patient (Form H4 / CTO6 – Part 2) is obtained when the patient is handed over, and this copy forward to the MHA Administrator upon return.

8.3 Where it is not possible for the original documents to accompany the patient, ie, out of office hours, the Senior Nurse on the patient's ward must ensure a copy of the section papers is sent with the patient. It is important that the MHA Administrator is informed of the transfer the next working day and they will be responsible for ensuring the original documents are forwarded to the receiving hospital via Special Delivery mail.

9. **Section 19 / Section 17F(2) Transfer In**

9.1 The original detention papers should accompany the patient together with a Form H4 / CT06 which should authorise the transfer to the relevant admitting hospital:

9.2 The Nurse in Charge will carry out an initial scrutiny of the papers and if in order will accept the transfer on behalf of the Hospital Managers by completing Part 2 of the Form H4 / CT06.

9.3 Following this initial scrutiny, the Nurse in Charge must notify the relevant MHA Administrator that a transfer has been accepted and the original papers must be sent immediately to the MHA Administrator (see below). For those units not on the St Georges or Redwoods Hospital sites, a photocopy of the documents should be made before the original documents are committed to the mail system.

Redwoods centre

) MHA Administrator –

Redwoods
9.4 For the Redwoods site only, The person accepting documentation in office hours will in the first instance be the MHA Administrator. Out of office hours and where they are unavailable, the Senior Nurse on Duty for the site will accept documentation.

10. Trust Inter-Unit Transfer

10.1 Where a patient is to be transferred between two of the hospital Trust sites, the Senior Nurse on the ward from which the patient is being transferred must complete the ‘Section 19(3) – Local transfer between units under the same Managers’ form (Appendix 2).

10.2 On arrival at the second unit, the Senior Nurse on the ward must sign the above form accepting the patient transfer.

10.3 The form must then be forwarded to the relevant MHA Administrator.

10.4 For the Redwoods site only, the form will be completed and accepted by the MHA Administrator. Out of office hours and in their absence, this will be completed by the Senior Nurse on Duty for the site.

10.5 Ward staff do not need to make any special arrangements relating to the original section documentation (unless these are held on the ward at the time of transfer in which case they should accompany the patient to the receiving ward). The Mental Health Legislation Department will take necessary action to ensure the original documentation is held by the appropriate office.

11. Section 19A Transfer Out

11.1 Where a Responsible Clinician for a Community Treatment Order patient plans to transfer responsibility for that patient’s care to the staff of a hospital managed by a different Trust, they must inform the MHA Administrator of the intended date for transfer.

11.2 The MHA Administrator will contact the MHA Administrator at the receiving hospital and will arrange for all of the original section papers relating to the current detention, along with a completed Section 17F transfer Form CT1O to be delivered to the receiving hospital via Special Delivery mail. A copy of all these papers will be retained on the patients MHA administration file.

12. Section 19A Transfer In

12.1 Where a Responsible Clinician plans to accept responsibility for a Community Treatment Order patient from a hospital managed by a different Trust, they must
inform the MHA Administrator of the intended date for transfer as soon as they are aware of the transfer.

12.2 The MHA Administrator will contact the MHA Administrator at the sending hospital and will arrange for copies of the original section papers relating to the current detention to be faxed through to enable a check to be carried out on their validity. If they are satisfied with the detention, they will arrange with the sending hospital for the original section papers, along with a completed Section 17F transfer Form CT1O to be forwarded.

13. Information Section 132

13.1 Ward staff must also ensure that the patient, and where applicable, the patient’s nearest relative, is kept informed of the plans and arrangements for transfer. Further advice in providing information to patients is contained in the Trust policy on Section 132.

13.2 When notified of an impending transfer to another organisation the MHA Administrator will write to the patient and the nearest relative (where applicable) to advise them of the transfer.

14. Transfers to / from Welsh Hospitals and Trusts

14.1 Where a patient is transferred in from a Welsh hospital or Trust, the authorisation will be set out in the Welsh form as prescribed at Appendix 1 below.

14.2 For patients being transferred to Welsh hospitals and Trusts, the authorisation must be completed on the English form as set out in Appendix 1 below and as per 7 to 12 above.

15. Process for Monitoring Compliance and Effectiveness

15.1 This policy will be reviewed every 3 years or earlier in light of new legislation, guidance or other significant change in circumstances.

Compliance with this policy will be monitored through the mechanisms detailed in the table below. Where compliance is deemed to be insufficient and the assurance provided is limited then remedial actions will be drawn together through an action plan. This progress against the action plan will be monitored at the specified committee/group. The results of the audits will be escalated to the appropriate committee/group where appropriate.

Where the policy has not been followed and implemented appropriately actions are to be taken.
<table>
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<tr>
<th>Aspect of compliance or effectiveness being monitored</th>
<th>Monitoring method</th>
<th>Individual or department responsible for the monitoring</th>
<th>Frequenc y of the monitoring activity</th>
<th>Group/committee/forum which will receive the findings/monitoring report</th>
<th>Committee/individual responsible for ensuring that the actions are completed</th>
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<tr>
<td>Tools/processes authorised for use within the organisation including compliance with statutory requirements</td>
<td>Exception report</td>
<td>MH Legislation Manager</td>
<td>Ongoing</td>
<td>MH Legislation Committee</td>
<td>MH Legislation Committee</td>
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16. References

- Mental Health Act Code of Practice (2015)
- Mental Health (Hospital, Guardianship and Treatment) (England) Regulations 2008
Appendix 1

Glossary of Transfer Forms

England

H4 Section 19 – authority for transfer from one hospital to another under different managers

G6 Section 19 – authority for transfer from hospital to guardianship

G7 Section 19 – authority for transfer from the guardianship of one guardian to another

G8 Section 19 – authority for transfer from guardianship to hospital

CTO6 Section 17F(2) – authority for transfer of recalled community patient to a hospital under different managers

CTO10 Section 19A – authority for assignment of responsibility for community patient to hospital under different managers

Section 19(3) – Local transfer between units under the same Managers. There is no statutory form required when removing patients to another hospital within the same Trust. The prescribed local form at Appendix 2 below must be completed as a record of the transfer for administrative purposes.

Transfers from Wales

TC1 section 19 - authority for transfer from one hospital to another under different managers

TC2 section 19 - authority for transfer from hospital to guardianship

TC3 section 19 — authority for transfer of a patient from the guardianship of one guardian to another

TC4 section 19 — authority for transfer from guardianship to hospital

TC5 section 19A - authority for assignment of responsibility for community patient from one hospital to another under different managers

TC6 section 17F(2) - Authority for transfer of recalled community patient from one hospital to another under different managers
Appendix 2

South Staffordshire and Shropshire Healthcare
NHS Foundation Trust

SECTION 19(3) – LOCAL TRANSFER
BETWEEN UNITS UNDER THE SAME MANAGERS

Name of patient

RC of patient

Name & address of ward/unit
patient liable to be detained on

Name & address of ward/unit
patient to be transferred to

Date of transfer

Signed by/on behalf of first ward/unit

Signed by/on behalf of accepting ward/unit