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| <b>Reference Number:</b> <i>UHB 438</i>  | <b>Date of Next Review:</b> <i>December 2027</i>   |
| <b>Version Number:</b> <i>2</i>  | <b>Previous Trust/LHB Reference Number:</b> <i>N/A</i>   |
| <b>Guidelines for Section 17 Leave of Absence<br/>Mental Health Act 1983</b>   |  |
| <b>Introduction and Aim</b>  |  |
| To provide staff with sufficient guidance to ensure effective compliance with providing leave to detained patients in accordance with Section 17 of the Mental Health Act 1983 and The Code of Practice for Wales 2016.  |  |
| <b>Objectives</b>  |  |
| <ul style="list-style-type: none"> <li>• <i>To ensure that staff are aware of their responsibilities for granting leave under the Mental Health Act 1983.</i></li> <li>• <i>To ensure that staff are aware of their responsibilities for documenting leave of absence and managing the risks that may be associated with this.</i></li> <li>• <i>To ensure that staff are aware of the procedures to follow when a patient is Absent without Leave.</i></li> </ul> |  |
| <b>Scope</b>   |  |
| The operation of Mental Health Act (1983) Section 17 Leave with Cardiff & Vale University Health Board to include its application by all our staff within Mental Health Services in all locations including those with honorary contracts.   |  |
| <b>Equality and Health Impact Assessment</b>   | <i>An Equality and Health Impact Assessment (EHIA) has not been completed.</i>   |
| <b>Documents to read alongside this Procedure</b>  | <i>Mental Health Act 1983 Code of Practice for Wales Revised 2016<br/>Mental Health Act Manual 18<sup>th</sup> edition 2015<br/>Missing Person Procedure Mental Health Division Inpatient facility or a missing community patient.</i> |
| <b>Approved by</b>   | <i>Mental Health Clinical Board Controlled Documents Oversight Group</i>   |

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| <b>Accountable Executive or Clinical Board Director</b>  | <i>Director of Nursing, Mental Health Clinical Board</i> |
| <b>Author(s)</b>   | <b>Natalie Pughsley</b>                                  |
| <p><b><u>Disclaimer</u></b></p> <p>If the review date of this document has passed, please ensure that the version you are using is the most up to date either by contacting the document author or the <a href="#">Governance Directorate</a>.</p> |  |

| <b>Summary of reviews/amendments</b> |                                |                       |                              |
|--------------------------------------|--------------------------------|-----------------------|------------------------------|
| <b>Version Number</b>                | <b>Date of Review Approved</b> | <b>Date Published</b> | <b>Summary of Amendments</b> |
|                                      |                                |                       |                              |

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|---|------------|------------|---|
| 1 | 13/12/2018 | 11/02/2019 | <i>new document</i>   |
| 2 | 20/12/2024 | March 2025 | Updated document to reflect changes to clinical protocol to improve monitoring and provide a more robust signing in and out procedure for patients utilising authorised leave. The procedure aims to provide added safeguards to patients to record leave off the ward which is in conjunction with a care plan template which supports leave and prompts considerations before leave is authorised |
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**Introduction.**

The UHB accepts that many patients in hospital care will benefit from periods of leave away from hospital. Section 17 of the Mental Health Act allows detained patients to be granted Leave of Absence from the hospital in which they are detained. Leave is an agreed absence, for a defined purpose and duration, and is accepted as an important part of the patients' treatment plan.

**Statement of Intent**

To ensure compliance with the Mental Health Act (1983) and its associated Code of Practice (2015).

**Definitions**

Leave is defined as any excursion, which takes the patient outside the hospital grounds for ANY period, even if members of hospital staff are escorting the patient.

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| <b>AC</b>      | Approved Clinician                           |
| <b>AMHACHM</b> | Associate Mental Health Act Hospital manager |
| <b>AMHP</b>    | Approved Mental Health Professional          |
| <b>AWOL</b>    | Absent without Leave                         |
| <b>CoP</b>     | Code of Practice                             |
| <b>CrtP</b>    | Court of Protection                          |

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|-------------------|------------------------------------|
| <b>CTO</b>        | Community Treatment Order          |
| <b>LSSA</b>       | Local Social Services Authority    |
| <b>MDT</b>        | Multi-Disciplinary Team            |
| <b>MHA (1983)</b> | Mental Health Act 1983             |
| <b>MHAA</b>       | Mental Health Act Administrator    |
| <b>MHAHM</b>      | Mental Health Act Hospital Manager |
| <b>MHT</b>        | Mental Health Tribunal             |
| <b>MoJ</b>        | Ministry of Justice                |
| <b>RC</b>         | Responsible Clinician              |
| <b>SCT</b>        | Supervised Community Treatment     |

## **Duties**

### **Mental Health Act Hospital Managers**

The Mental Health Act (1983) requires the UHB's Mental Health Act Hospital Managers have in place policy procedures and guidelines in respect of leave of absence granted under section 17 of the Act.

### **The Responsible Clinician and Unit/Ward Manager**

Only the patient's Responsible Clinician (RC) may authorise leave of absence under section 17. The Responsible Clinician and Unit/Ward Manager have management responsibility for ensuring this policy is implemented.

## **DETAILS OF THE POLICY**

### **Guidelines for deciding leave**

A patient, who is detained in hospital under the Mental Health Act 1983 can only leave hospital lawfully if they are granted a leave of absence by the Responsible Clinician under Section 17 of the Act. This includes those detained under section 2, 3, 37 47 & 48 of the Act. Section 17 leave of absence applies to any short- and long-term leave from the hospital or its grounds and includes leave to reside in other hospitals.

Only the patient's Responsible Clinician can grant leave of absence to a patient detained under the Act. Responsible Clinicians cannot delegate the decision to grant leave of absence to anyone else. In the absence of the usual responsible clinician, 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 responsible clinician.

For patients who are subject to restriction orders (i.e. subject to section 41 or 49). The responsible clinician must seek approval from the Secretary of State for Justice. A responsible clinician may not grant leave of absence to patients detained under sections 35, 36 and 38, 37/41.47/49 and 48/49 of the Act.

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Section 17 does not apply to patient's detained under Sections 4, 5(2), 5(4), 135 or 136.

### **Consent to Treatment**

A patient on Leave of Absence is still "liable to be detained" by the hospital and therefore still liable to the Consent to Treatment provisions of the Act. This means the normal three-month treatment period applies. Patients on extended leave with forms T1/T2/T3 (Consent to Treatment) must have their prescribed medication carefully monitored to ensure it is legally authorised under those provisions

### **Granting leave**

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

Leave of absence should only be granted after careful consideration by the multi-disciplinary team and the patient. It is also important to consult any carers, friends and others who may be involved in any planned leave of absence. Any conditions that are attached to leave must be stipulated including what support and/or resources the patient would need during their leave of absence.

It is important to ensure that the patient is aware, understands the conditions of leave and agrees to the plans and support provided during their leave. Additionally, the person must also be informed about what to do and who to contact should they wish to return to hospital early. This must be clearly documented in the case notes and updated on their care plan.

All staff involved with a person detained under the MHA 1983 should have full knowledge of the powers given under Section 17 and understand their limitations. Competences should be evaluated regularly through supervision.

The discussion and decision to grant a patient's Section 17 leave should be fully documented in the patient's electronic records and ensure that the appropriate form authorising leave is completed, and the care plan is updated. Prior to leaving the ward to begin any leave period, staff who are escorting patients off the ward should ensure that they have confirmed with the Nurse in Charge that the patient has a valid section 17 leave form to authorise leave before being leaving the ward. The signing in and out form which is situated in the lobby area of the ward should be completed by the nurse who has confirmed authorisation and complete the form as directed. Considerations about the patient's current risk must be identified and where necessary ensure that safeguards are in place by liaising with any relevant agencies who may be involved. In the case of mentally disordered offender patients, consider whether there are any issues relating to victims that impact on whether leave should be granted and the conditions to which it should be subject (please refer to Chapter 40 MHA Code of Practice for Wales).

### **Escorted Leave**

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“Escorted Leave” refers to a patient being accompanied, preferably by a qualified member of staff, whilst on leave. This is usually allowed for short periods for e.g. walking in the grounds or visiting a nearby shop. Escorted leave cannot be taken with a friend or relative unless authorised and clearly stipulated by the Responsible Clinician. Any staff member escorting a patient on Section 17 leave is required to always carry identification and a mobile phone.

### **Short Term Leave**

Can be granted by the Responsible Clinician which can be managed by other staff i.e. nursing staff. For example, the section 17 leave form may stipulate that a patient can have 2 hours escorted leave per day within the hospital grounds at the discretion of the nursing staff. The decision as to which 2 hours is left is at the discretion of the responsible nursing staff. It is important that the Responsible Clinician clearly sets out the parameters within which the discretion may be exercised. This is to ensure that that the staff managing the leave do not interpret the leave differently.

**Long term leave** refers to a leave of absence, either indefinitely or for a specified period of more than seven consecutive days or a specified period is extended under this section such that the total period for which leave of absence will have been granted under this section exceeds seven consecutive days.

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

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 Responsible Clinicians should also consider whether the patient should go on to a community treatment order instead. The option of using a CTO does not mean the Responsible Clinician cannot use longer-term leave if that is the more suitable option. The Responsible Clinician, however, will need to be able to demonstrate that both options have been considered. Decisions should be explained to the patient and fully documented in the patient’s notes. This does not apply to restricted patients, or in practice, to patients detained for assessment under section 2 of the Act, as they are not eligible for CTO. Refer to Section 17a Community Treatment Order policy.

Patients detained under Sections 35, 36 and 38 cannot be granted leave of absence without permission by the Court.

Patients detained under Section 37/41, 47/49 and 48/49 require the approval of the Secretary of State for leave of absence. This request must be made in writing by the Responsible Clinician to the Ministry of Justice. The patient must not be allowed leave of absence until confirmation from the Ministry of Justice is received.

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A restricted patient's leave may be revoked either by the Responsible Clinician or the Secretary of State, but this must be in writing to the patient explaining why the leave is being revoked. This notice can be to the patient or the person for the time overseeing the care of the patient. A record of the explanation given to the patient must also be placed in the patient's electronic record.

### **Emergency transfer for medical treatment/ Leave of absence to attend another hospital**

Section 17 leave may be necessary to authorise a patient to attend a general hospital for treatment, for example to undergo an operation. In these circumstances the Responsible Clinician should clearly set out the conditions for granting the leave, including any requirements for the patient to remain in the custody of staff.

For routine medical appointments or treatment, the Secretary of State's permission is needed. It is accepted however that there will be times of acute medical emergency where the patient requires emergency treatment. There may also be acute situations which, while not life threatening still require urgent treatment, e.g. a fracture. In these situations, the responsible clinician 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 Secretary of State should be informed as soon as possible that the patient has been taken to hospital, what risk management arrangements are in place and must be kept informed of developments and notified when the patient has been returned to the secure hospital.

The Responsible Clinician can grant a patient leave of absence over the telephone in urgent cases. The Responsible Clinician does not have the power to delegate functions under this section (although the power can be exercised by another Approved Clinician acting as Responsible Clinician in the absence of the patients usual RC).

If a detained patient needs to be moved to a general hospital as a matter of urgency for treatment for a physical disorder or injury; legal authority for the move is present if either:

- 1) Leave of absence for such a move has been granted by the RC in anticipation of such an eventuality occurring

OR

- 2) The RC has granted leave of absence over the telephone at the time of emergency

Authority for treating the patient for the disorder or injury must be found in the common law or the Mental Capacity Act 2005 if the disorder or injury is not related to the mental disorder. If the urgency of the situation is such that there is no time to contact the Responsible Clinician and anticipatory leave has not been granted, the 2005 Act will provide authority for a mentally incapacitated patient to be moved to the general hospital. A mentally capable patient can be moved with his consent. In both cases the Responsible Clinician should grant the patient leave of absence under this

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section at the earliest opportunity as technically the patient is absent without leave. Given that an urgent need for a patient to be transferred to a general hospital for treatment is unpredictable, anticipatory leave to cover such a situation should be granted as a matter of routine.

### **Recording leave**

The granting of leave and the conditions attached to it, should be clearly recorded in the patient's case notes on PARIS. (Copies of the Section 17 leave form are attached in appendix 1 and 2). All expired section 17 leave authorisation forms should be clearly marked as no longer valid.

Copies of the authorisation of leave form should be given to the patient, any appropriate relatives or friends and any professionals in the community who may need to be informed. Relatives, carers or friends must be aware of whom they should contact if any concerns arise during the period of leave that has been granted.

Nursing staff are responsible for ensuring that the patient is aware of the conditions of leave and the implications if non-adherence to leave conditions are not upheld. It must be reinforced in a manner that the patient fully understands and is aware of the requirement to support the leave conditions as these define the point at which the patient becomes absent without leave (AWOL).

Prior to any leave being undertaken, the patient must have an up-to-date WARRN risk assessment and a specific care plan relating to the leave. (see appendices for leave care plan) On commencement of leave it is important to document the time and date the patient left the unit and the time and date that they are due to return. Also to ensure that an up-to-date contact number is available for the patient and the friend, relative or carer that could be involved in the leave. This information can be recorded on the signing in and out form which is in the lobby area of the ward

Should a patient not return from leave, an up-to-date description of the patient should be available in their notes. If a patient is only granted leave for a brief period for example 6 hours, a description of their clothing should also be noted.

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 within their case notes. This must also be explained to any other person/s who may have been involved with leave at this time.

A case note should be documented on the outcome of the patients leave which must include whether leave went well, the therapeutic benefits achieved, any difficulties met, or concerns raised by the patient or others involved in the leave. It is important that the patient is encouraged to offer their own views on their leave. This can support future decision-making. And further leave considerations

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

The Responsible Clinician's obligation for the patient's care stays the same whilst they are on leave. A patient granted leave under section 17 are still subject to Part 4

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of the Act. If it becomes necessary to administer treatment to the patient without their consent, consideration should be given to recalling the patient to hospital.

Refusal of treatment will not be sufficient grounds on its own for recall. The Responsible Clinician should consider whether it would be in the best interests of the patient's health and safety or for the protection of others. This should include the least restrictive care and treatment choice and the maximisation of independence. Any decision to recall a patient must be discussed with the care team involved and clearly documented in the patient's notes to rationalise decision making and formulate a suitable plan of care on return.

### **Escorted leave**

A Responsible Clinician may direct that a patient stays 'in custody' while on leave of absence, either in the patient's own interests or for the protection of other people. Patients 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. Such an arrangement is often useful, for example to enable patients to take part in escorted trips or to have compassionate home leave.

If this is contemplated for a restricted patient, advice should be looked for from the Mental Health Casework Section (MHCS) of the Ministry of Justice.

### **Accompanied leave**

While it may often be appropriate to authorise leave subject to the condition a patient is accompanied by a friend or relative, Responsible Clinicians 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 right for the person with parental responsibility to be the legal custodian.

### **Leave to another hospital**

Section 17 leave may also be used to grant a patient leave to another hospital for further treatment of their mental disorder, often as progression to a unit with lesser security, sometimes referred to as 'trial leave'. This can be a useful stage in the patient's recovery. Responsible clinicians may therefore require that patients, as a condition of leave, must reside at another hospital in England or Wales, and they may then be kept in the custody of staff of that hospital. Before authorising leave on this basis, Responsible Clinicians should consider whether it would be more appropriate to transfer the patient to the other hospital instead.

Where a patient is granted leave of absence to another hospital, the Responsible Clinician at the first hospital should remain in overall charge of the patient's case. If it is considered a clinician at the other hospital should be the Responsible Clinician, the patient should be transferred to that hospital. An Approved Clinician in charge of any aspect of the patient's treatment may be from either hospital.

The Responsible Clinician must ensure that staff in the other hospital understand the restrictions which the patient is subject to because of their detention under the Act.

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Staff should understand the limits and protections given to the patient by Part 4 of the Act. If the patient needs further leave of absence from the second hospital, for example, if their friends or family want to take them out for a few hours, that leave can only be granted by the patient's Responsible Clinician in accordance with section 17, and not by the consultant or other professional in charge of their treatment in the other hospital.

### **Renewal of authority to detain**

A period of leave cannot last longer than the duration of the authority to detain. If the authority to detain an unrestricted patient will expire while the patient is on leave, the Responsible Clinician should examine the patient whilst they are still on leave. The Responsible Clinician should consider whether the statutory criteria for detention are met, and further hospital treatment is necessary or if it would be more suitable for the patient to be placed onto a CTO.

### **Recall from leave to hospital**

The Responsible Clinician may revoke the leave of absence of an unrestricted patient at any time if they consider this necessary in the interests of the patient's health or safety or for the protection of other people. A restricted patient's leave may be revoked either by the Responsible Clinician or the Secretary of State for Justice. The effect of revoking the leave is that the patient again becomes an inpatient.

The Responsible Clinician must carefully consider the reasons for recalling a patient and the effect this may have on the patient's care and treatment. For an unrestricted patient, the Responsible Clinician would have to be satisfied it is necessary in the patient's interests or for the safety of others for the patient to be recalled.

The Responsible Clinician 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 overseeing the patients care. Hospitals should always know the address of patients who are on leave of absence and of anyone with responsibility for them whilst on leave. The reasons for recall should be fully explained to the patient, and if appropriate their family or carers and a record of the explanation included in the patient's notes.

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

### **Restricted patients**

Where the courts or the Secretary of State have decided that a restricted patient is to be detained in a particular unit of a hospital, that patient will require the Secretary of State's permission to have leave of absence, to go to any other part of that hospital, as well as outside the hospital. Consideration will then be given as to whether to revoke or rescind the leave or allow the leave to continue.

### **Absence without leave**

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Section 18 of the Mental Health Act 1983 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).

Patients are absent without leave in various circumstances when for example they -

- have left the hospital in which they are detained without leave being agreed by their responsible clinician under section 17 of the Act.
- have failed to return to the hospital at the time needed to do so under the conditions of their section 17 leave.
- are absent without permission from a place where they must 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 patients on a Community Treatment Order (CTO) who have failed to attend hospital when recalled.
- are CTO patients who have absconded from hospital after being recalled there.
- are conditionally discharged restricted patients whom the Secretary of State for Justice has recalled to hospital.

All instances of absence without leave should be recorded in the patient's case notes and reported through local incident reporting mechanisms. Incidents should be reviewed so that lessons about ways of finding patients most at risk of going missing can be learnt. The formulation of a care plan to detail the risk should the person be AWOL after absconding should be considered giving information of who to contact, how to contact and any agreed times to notify police to ensure consistent and safe reporting procedures. Those reporting a patient absent without leave should be aware of the Right Care, Right Person (RCRP) policy to ensure that the right professionals are informed and involved in the care needs of the patient.

Detained patients 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.

**Initial, added and or any other changes in leave requests.**

Any leave requests made by nursing staff to the Responsible Clinician must be authorised by –

- An authorised Section 17 leave form.
- A documented discussion in the case notes by the nurse and the Responsible Clinician detailing the conditions of leave.
- An updated WARRN discussion to explore any risks.
- MHA to be contacted to confirm receipt of Section 176 leave form.

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- An AWOL care plan which details contact numbers and support plan should a person not return from authorised Section 17 leave.
- AWOL information must be updated on a computer database to reflect status of the patient.
- If an escalation in risk is confirmed, the police must be notified of any changes and related concerns to reflect risk at that time which could contravene Right Care Right Person Policy and require further escalation of risk.

These requirements must be considered prior to the patients commencing Section 17 leave

**SECTION 17, MHA 1983 - LEAVE OF ABSENCE**

| <b>Patient Name:</b>  |                   | <b>Ward:</b>  |                    |                      |                 |                   |           |                    |                      |  |  |  |  |  |
|---|-------------------|---|--------------------|----------------------|-----------------|-------------------|-----------|--------------------|----------------------|--|--|--|--|--|
| <b>RC:</b>  |                   | <b>Section:</b>   |                    |                      |                 |                   |           |                    |                      |  |  |  |  |  |
| <b>Start Date:</b>  |                   | <b>Review Date:</b>   |                    |                      |                 |                   |           |                    |                      |  |  |  |  |  |
| <b>Short Term Leave</b> <input type="checkbox"/>  |                   | <b>Long Term Leave</b> <input type="checkbox"/><br>Has consideration been given to a CTO? <b>Yes/No</b> |                    |                      |                 |                   |           |                    |                      |  |  |  |  |  |
| <p><b>Please state duration in each box as applicable</b></p> <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width:20%;">Escorted ground</th> <th style="width:20%;">Unescorted ground</th> <th style="width:20%;">Overnight</th> <th style="width:20%;">Escorted community</th> <th style="width:20%;">Unescorted community</th> </tr> </thead> <tbody> <tr> <td style="height: 30px;"> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> |                   |   |                    |                      | Escorted ground | Unescorted ground | Overnight | Escorted community | Unescorted community |  |  |  |  |  |
| Escorted ground   | Unescorted ground | Overnight   | Escorted community | Unescorted community |                 |                   |           |                    |                      |  |  |  |  |  |
|   |                   |   |                    |                      |                 |                   |           |                    |                      |  |  |  |  |  |
| <b>Conditions: -</b><br><hr/> <hr/> <hr/> <hr/> <hr/> <hr/>   |                   |   |                    |                      |                 |                   |           |                    |                      |  |  |  |  |  |
| <b>Address required to reside at if different from home address:</b><br><hr/> <hr/> <hr/>   |                   |   |                    |                      |                 |                   |           |                    |                      |  |  |  |  |  |
| I can confirm that this leave has been given in accordance with Chapter 27 of the Code of Practice.<br><br>I can confirm that the patient has been fully involved in the decision to grant this leave along with any appropriate others.<br><br>This leave is to be given at discretion of nursing staff/Risk Assessment and in compliance with care plan.<br>A copy of this form has been given to the patient <input type="checkbox"/>  |                   |   |                    |                      |                 |                   |           |                    |                      |  |  |  |  |  |
| <b>Signed:</b>  |                   | <b>Date:</b>  |                    |                      |                 |                   |           |                    |                      |  |  |  |  |  |

|                |              |
|----------------|--------------|
| <b>Signed:</b> | <b>Date:</b> |
|----------------|--------------|

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GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Caerdydd a'r Fro  
Cardiff and Vale  
University Health Board

Patient's Name \_\_\_\_\_ Section \_\_\_\_\_

Is currently liable to be detained at: \_\_\_\_\_ Hospital/Unit

I, \_\_\_\_\_ (Print Name)

***being the Responsible Clinician of the above-named patient hereby revoke the leave of absence given under Section 17 for the following reasons:***

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***This decision has been taken:***

(Indicate as  
Appropriate)



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|---|----------|---------------------------------|
| Document Title: Guideline for Section 17 Leave of Absence | 16 of 19 | Approval Date: 20/12/2024       |
| Reference Number: UHB 438                                 |          | Next Review Date: 20/12/2027    |
| Version Number: 2   |          | Date of Publication: March 2026 |

**SECTION 17 LEAVE FROM THE WARD**

|                                      |   |
|--------------------------------------|---|
| <b><u>STATUS</u></b>                 | <b><u>ACTIVE</u></b>  |
| <b><u>DATE ADDED TO THE PLAN</u></b> |   |
| <b><u>RELATED OUTCOME</u></b>        | <b><u>MEDICAL &amp; OTHER FORMS OF TREATMENT</u></b>  |
| <b><u>OUTCOME TO BE ACHIEVED</u></b> | <b><u>TO SAFELY FACILITATE SECTION 17 LEAVE FROM THE WARD</u></b>   |
| <b><u>INTERVENTION</u></b>           | <ul style="list-style-type: none"> <li>• Regular review with RC and nursing staff in weekly reviews to discuss progress.</li> <li>• If leave is agreed in ward round. Any conditions or restrictions of leave need to be clearly communicated and understood by .....and those supporting leave.</li> <li>• Section 17 form must clearly outline the conditions of leave.</li> <li>• Before leaving the ward.....must be signed out of the ward on the sheet provided detailing the intention of the leave period and the estimated time of return as well as a brief description of the person.</li> <li>• All leave periods must be clearly documented in PARIS case notes.</li> <li>• Leave periods to be closely monitored and are conditional on mental state and level of risk.</li> <li>• Prior to any leave being considered and granted the WARRN risk assessment must be completed to reflect current risk level</li> </ul> |
| <b><u>WHO?</u></b>                   | <b><u>NURSING STAFF AND MDT</u></b>   |
|                                      |   |

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