Policy:

NP 021 - Allocation of a Responsible Clinician : Mental Health Act 1983 (as amended)

Executive Director Lead	Executive Medical Director
Policy Owner	Head of Mental Health Legislation
Policy Author	Head of Mental Health Legislation

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Summary of policy
A policy to ensure that all patients detained under the Mental Health Act (MHA), or subject to a Community Treatment Order, is allocated to a Responsible Clinician and that cover arrangements are in place as necessary

Target audience	Approved Clinicians (AC); Ward Managers; MHA Office Staff; Community Teams; Responsible Clinicians (RCs)

Keywords	Approved Clinician (AC); Responsible Clinician (RC); cover arrangements

Storage & Version Control

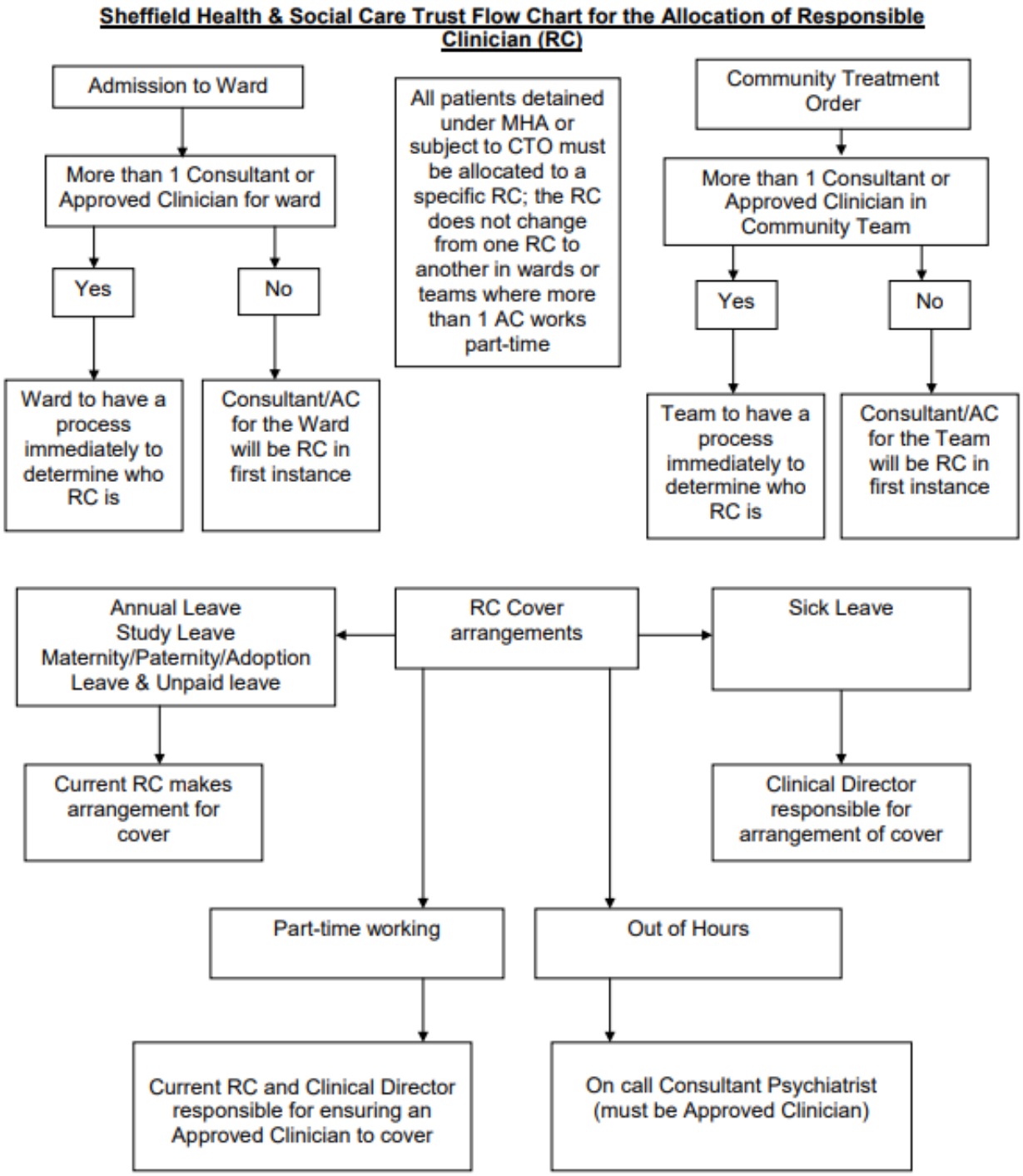
Version 7 of this policy is stored and available through the SHSC intranet/internet. This version of the policy supersedes the previous version (V6 July 2022). Any copies of the previous policy held separately should be destroyed and replaced with this version.

Version Control and Amendment Log

Version No.	Type of Change	Date	Description of change(s)
1	Draft policy creation	July 11	Previous guidance in operation updated to policy status
1.1	Review/ratification	Aug 11	Amendments made during consultation, prior to ratification
2	Review	Jan 2013	Full review following new NHS LA standards being published
2.1	Review on expiry of policy	Mar 2013	Committee structure updated
3	Reviewed	Feb 2014	Slight amendments to wording
4	Reviewed, ratified and issued	Sept 2016	General update including MHA Code of Practice 2015
5	Scheduled review	May 2019	Updated to take into account of proposals for non-medical ACs Updated job titles Amalgamation of the 2018 Protocol for RC allocation into the policy Additional detail added in respect of cross-over provided by part-time ACs
6	Review	July 2022	New responsible Executive Change to AC register responsibility Change in governance structure Old roles removed Policy Governance Group replacing Executive Directors Group Monitoring of AC register arrangements added Incident reporting of AC/RC gaps added
7	Review	August 2025	Multiple slight format changes to aid reading and understanding Location of Approved Clinician (AC) register added References to ‘him/his’ changed to be gender neutral Added detail in respect of which patients do not require allocation of a Responsible Clinician Clarification about the RC responsibility in respect of reports for Tribunals and Hospital Manager Hearings Factual correction made regarding completion of CTO12

Contents

Flowchart


Sheffield Health & Social Care Trust Flow Chart for the Allocation of Responsible Clinician (RC)
Admission to Ward
More than 1 Consultant or Approved Clinician for ward
Yes
No
Ward to have a process immediately to determine who RC is
Consultant/AC for the Ward will be RC in first instance
All patients detained under MHA or subject to CTO must be allocated to a specific RC; the RC does not change from one RC to another in wards or teams where more than 1 AC works part-time
Community Treatment Order
More than 1 Consultant or Approved Clinician in Community Team
Yes
No
Team to have a process immediately to determine who RC is
Consultant/AC for the Team will be RC in first instance
RC Cover arrangements
Annual Leave
Study Leave
Maternity/Paternity/Adoption Leave & Unpaid leave
Current RC makes arrangement for cover
Sick Leave
Clinical Director responsible for arrangement of cover
Part-time working
Out of Hours
Current RC and Clinical Director responsible for ensuring an Approved Clinician to cover
On call Consultant Psychiatrist (must be Approved Clinician)

1 Introduction

The Mental Health Act Code of Practice (para 36.3) places a responsibility on Trusts to have local protocols for allocating Responsible Clinicians to patients.

The Code goes on to state that the protocols should also:

- Ensure that the patient's Responsible Clinician is the available Approved Clinician with the most appropriate expertise to meet the patient's main assessment and treatment needs.
- Ensure that it can easily be determined who a particular patient's Responsible Clinician is
- Ensure that cover arrangements are in place when the Responsible Clinician is not available (e.g. out of normal working hours, annual leave etc.)
- Include a system for keeping the appropriateness of the Responsible Clinician under review.

To ensure that the most appropriate available clinician is allocated as the patient's Responsible Clinician, the Trust must keep a register of all the Approved Clinicians. This register is maintained by the Trust's Mental Health Act office.

The selection of the appropriate Approved Clinician to be the Responsible Clinician for a particular patient should be based on the individual needs of the patient concerned but will also be influenced by the structure of the service.

Even if the patient's main treatment needs are not immediately clear it would still be necessary to allocate a Responsible Clinician promptly upon the patient's detention in hospital or under a Community Treatment Order.

2 Scope

This policy applies to all patients detained under Part 2 or Part 3 of the Mental Health Act 1983 (as amended by the Mental Health Act 2007) who must have a Responsible Clinician to perform various functions under the Act.

The Responsible Clinician has overall responsibility for the patient's care and treatment. The functions of the Responsible Clinician may not be delegated, but the patient's Responsible Clinician may change from time to time and the role may be occupied on a temporary basis in the absence of the usual Responsible Clinician (including periods of leave and out of hours).

This policy applies to all staff working in Sheffield Health and Social Care NHS Foundation Trust (including agency and secondees) whose role involves the care and treatment of patients / service users covered under the Mental Health Act.

3 Purpose

The purpose of this policy is to ensure that, for all those detained under the Mental Health Act, or subject to Community Treatment Orders, there are clear and thorough arrangements in place for:

- The allocation of a Responsible Clinician
- The provision of cover both in and out of working hours

4 Definitions

Approved Clinician (AC)

A person who is approved under the Mental Health Act to act as a Responsible Clinician.

Mental Health Act

References to the Mental Health Act are to the Mental Health Act 1983 as amended by the Mental Health Act 2007.

Responsible Clinician (RC)

The Responsible Clinician is the Approved Clinician (AC) who will have overall responsibility for a patient's case if the patient is detained or subject to Community Treatment Order (CTO) under the Mental Health Act 1983 (MHA).

Supervised Community Treatment (SCT)

The name given to the overall legal system for managing patient care and treatment in the community with the power to recall the patients to hospital if necessary.

The Act

Unless stated otherwise, references to 'the Act' means the Mental Health Act 1983 (as amended)

Community Treatment Order (CTO)

The specific order relating to a named patient that provides the authority for that patient to on onto SCT.

Hospital Managers

"Managers" does not mean the management team of the hospital but refers to the people or body whose hospital it is (i.e. the NHS Foundation Trust as a body).

5 Detail of the policy

This policy is concerned with statutory duties under the Mental Health Act.

6 Duties

Mental Health Act Office

The Mental Health Act office is responsible for keeping a record of all Approved Clinicians within Sheffield Health and Social Care NHS Foundation Trust.

Clinical Directors

Clinical Directors are responsible for ensuring that there is cover in place for a Responsible Clinician who is on any type of leave.

Mental Health Legislation Operational Group (MHLOG) is responsible for monitoring the implementation/operation of this policy.

Responsible Clinicians

The Responsible Clinician is responsible for carrying out their duties in line with the Mental Health Act and its Code of Practice and for ensuring that patient records are updated whenever there is a change in the Responsible Clinician.

7 Procedure

7.1 Allocation of Responsible Clinician

7.1.1 Detention in Hospital

Not all individuals who are detained in hospital under the Mental Health Act are required to be given a Responsible Clinician.

Individuals detained under the following sections do not need a Responsible Clinician to be given:

- Section 5(2)
- Section 5(4)
- Section 135(1)
- Section 136

Individuals who are detained in hospital using the Deprivation of Liberty Safeguards (DOLS) will still require a lead clinician responsible for their care and treatment, but this does not require the clinician to be an Approved Clinician.

When admitted under the MHA the appropriate AC to act as the patient's RC will ordinarily be an AC working on the ward on which the patient is detained. Following admission to the ward, or in the event of transfer between wards, the RC will be initially allocated as follows:

- Where there is one consultant or other AC for the ward then that consultant or other AC will be the RC
- Where there is more than one consultant or other AC attached to the ward there must be a clear ward process for the immediate initial determination of the RC

Note that RC responsibility does not transfer from one AC to another where two or more ACs work part-time on the same ward and have mutual cross-cover arrangements, **ie a detained patient must have one specifically identified RC.**

The allocated RC should ensure that the following predictable duties are not undertaken by an AC providing mutual cross-cover during the allocated RC's normal non-working days:

- The completion of the CAT3 form (as this determines (as this determines how to proceed under MHA Part 4 (ie on the basis of SOAD's T3 certificate or RC's T2 certificate)
- The completion of Form T2 - this must be completed by the AC in charge of the patient's treatment (this will be the allocated RC, unless there is a different AC in charge of the treatment when the RC is NOT absent) or by a Second Opinion Appointed Doctor
- Completion of s17 for planned leave
- Renewal of detention

The allocated RC is responsible for ensuring that RC reports are produced for Mental Health Review Tribunals and Hospital Manager Hearings.

The allocated RC is similarly responsible for ensuring that a covering AC or other representative (to the satisfaction of the Tribunal or Hospital Manager Hearing) attends a hearing in the RC's planned absence.

There may be circumstances in which, following an initial period of assessment, it becomes clear that the patient's particular needs are such that a different RC is required. In some cases, this will result in the patient being transferred to another ward and a new RC being allocated for the patient. Where this is not the case and the patient will continue to be treated on the same ward then the current RC should consult and liaise with the AC who is felt to be more appropriate to act as the RC for this patient.

7.1.2 Community Treatment Orders

In most cases the appropriate RC for a patent who is subject to a Community Treatment Order (hereafter CTO) will be the consultant psychiatrist/other AC for the community team providing care for the patient once discharged from hospital

The new RC should always be identified prior to the application for CTO. This is the responsibility of the inpatient RC.

Where there is more than one AC in a team, the inpatient RC who has initiated the application for a Community Treatment Order, should liaise with ACs in the Community Team to establish which of them will take on the Community RC role. The Community RC should always be established prior to the application for Community Treatment Order being completed.

Delaying discharge process because of disagreement is unacceptable.

Note that RC responsibility does not transfer from one AC to another where two or more ACs work part-time in the same team and have mutual cross-cover arrangements, **ie a CTO patient must have one specifically identified RC.**

The allocated Community RC should ensure that the following predictable duties are not undertaken by an AC providing mutual cross-cover during the allocated RC's normal nonworking days:

- The completion of the CAT4 form (as this determines how to proceed under MHA Part 4A (ie on the basis of SOAD's CTO11 certificate or RC's CTO12 certificate)
- The completion of Form CTO12 - this must be completed by the AC in charge of the patient's treatment (this will be the allocated RC, unless there is a different AC in charge of the treatment when the RC is NOT absent)

- Extension of CTO

The allocated RC is responsible for ensuring that reports are produced for the Tribunal and for ensuring that a covering AC or other representative (to the satisfaction of the Tribunal) attends a tribunal in the RC's absence.

There may be circumstances where a patient subject to a CTO will need to be transferred to another community team. The current Community RC should consult and liaise with the AC who is felt to be more appropriate to act as the RC for the patient.

7.1.3 Recall of patient under a CTO

The Community RC is responsible for co-ordinating the recall process.

Where a patient who is subject to a CTO is recalled to hospital, the AC for the admitting ward will usually become the patient's RC for the recall period (up to 72 hours). This will be the default standard practice unless agreed otherwise between the Community RC and the Inpatient AC.

However, in some circumstances (e.g. where recall is for the specific purpose of compulsory treatment) it may be more appropriate for the existing Community RC to keep the overall responsibility for the patient's care and treatment.

Where this is the case then this needs to be documented and communicated to the Mental Health Act Office.

Whenever there is a change of a RC this should be clearly documented in the patient's records and the Mental Health Act office informed. It is essential for the patient (and – with due regard for confidentiality - those involved in their care, including any carer) to be informed and there must be a new explanation of patient rights. The previous RC and the new RC should agree between them who will undertake this responsibility.

See also 7.4 below – Change of Responsible Clinician

Whomever retains or assumes the RC responsibility will also be responsible for assessing the patient for the purpose of deciding, with an AMHP, whether to revoke CTO

7.2 Cover Arrangements when the Responsible Clinician is not available

An RC must always be in place for any patient who is detained under the Mental Health Act or subject to a CTO, with appropriate cover arrangements for the RC's absence. The cover arrangements described in this section do not constitute a transfer of RC

7.2.1 Annual Leave, Study Leave, Maternity or Paternity Leave, and Unpaid Leave

Any AC who is currently an RC should make arrangements for another suitably qualified AC to act as the RC for any period of annual leave or study leave. The Clinical Director should provide appropriate assistance.

7.2.2 Sick Leave

The Clinical Director of the Directorate in which an RC works is responsible for arranging cover from an appropriately qualified AC for any period of sick leave. Where a period of sickness becomes long term then consideration should be given to a more formal transfer of RC as described under 7.4.

7.2.3 Part Time Approved Clinicians

Any AC who is currently an RC and who works part time is responsible, in conjunction with their Clinical Director, for ensuring that another AC can provide cover for the allocated RC for the hours when they are not at work.

7.3 Out of Hours Cover

The On Call Consultant Psychiatrist (who must be an Approved Clinician) will provide cover out of hours for RC functions. It is good practice to keep to a minimum any of the RC functions that are exercised in this way. RCs should not leave decisions that they are required to make or functions that they are required to undertake to the On Call Consultant. However, this should not prevent decisions being made by On Call Consultants when they are required out of hours.

The cover arrangements described in this section do not constitute a transfer of Responsible Clinician as described in 7.4

7.4 Change of Responsible Clinician

There may be circumstances where the RC feels it is more clinically appropriate for an alternative RC to be appointed. In this situation the current RC should consult and liaise with the AC who is felt to be more appropriate to act as the RC for the patient involved.

As the needs of the patient may change over time, it is important that the appropriateness of the RC is kept under review through the care planning process. It will be appropriate for the patient's RC to change during a period of care and treatment if such change enables the needs of the patient to be met more effectively. However, in considering such a change it is also important to take account of the need for continuity and continuing engagement with, and knowledge of, the patient.

Where a patient's treatment and rehabilitation require movement between different hospitals or to the community (e.g. Community Treatment Order, Guardianship or S41), successive appropriate ACs able to act as RC will need to be identified in good time to enable movement to take place. The existing RC is responsible for overseeing the patient's progress through the system. They should take the lead in identifying their successors. This should be considered at the earliest opportunity.

Change of RC should be considered and agreed within the care planning process, and a notification sent to the Mental Health Act office. This particularly applies to patients under Community Treatment Orders; if a Community Treatment Order is considered, the existing RC needs to liaise with their successor and agree the details of the order, condition, care plans etc. It is anticipated that the Community RC will be an AC working in the appropriate community team. If the needs or circumstances of a patient on a Community Treatment Order are changed (e.g. change of address), a change of RC might be warranted.

Whenever there is a change of a RC this should be clearly documented in the patient's records and the Mental Health Act office informed. It is essential for the patient (and – with due regard for confidentiality - those involved in their care, including any carer) to be

informed and there must be a new explanation of patient rights. The previous RC and the new RC should agree between them who will undertake this responsibility.

7.5 The Responsible Clinician for patients under 18

Where possible, those responsible for the care and treatment of children and young people should be child specialists. Where this is not possible, it is good practice for the clinical staff to have regular access to and make use of a CAMHS specialist for advice and consultation.

Those responsible for the care of children and young people in hospital should be familiar with other relevant legislation, including the Children Acts 1989 and 2004, Mental Capacity Act 2005 (MCA), Family Law Reform Act, 1969 and 1987, Human Rights Act 1998, and the United Nations Convention on the Rights of the Child as well as relevant case law, common law principles and relevant codes of practice. When taking decisions under the Act about children and young people, the following should always be borne in mind:

- The best interests of the child or young person must always be a significant consideration;
- Children and Young people should always be kept as fully informed as possible, just as an adult would be, and should receive clear and detailed information concerning their care and treatment, explained in a way they can understand and in a format that is appropriate to their age;
- The child or young person's view, wishes and feelings should always be considered;
- Any intervention in the life of a child or young person that is considered necessary by reason of their mental disorder should be the option that is the least restrictive and least likely to expose them to the risk of any stigmatisation, consistent with effective care and treatment, and it should also result in the least possible separation from family, carers, friends and community or interruption of their education, as is consistent with their wellbeing;
- All children and young people should receive the same access to educational provision as their peers;
- Children and Young people have as much right to expect their dignity to be respected as anyone else; and
- Children and Young people have as much right to privacy and confidentiality as anyone else.

7.6 Existing Patients transferred to general hospital

An existing detained patient who is admitted to a general hospital under S17 should remain under the care of their existing RC

There may be circumstances where it is appropriate for RC responsibility to be transferred, perhaps to a liaison psychiatrist who is an AC, but this should be as a result of direct discussion between the parties involved.

The same applies if the patient is transferred to a general hospital under s19.

7.7 Patients admitted directly to a general hospital under the MHA, or detained following admission to a general hospital

A patient detained and admitted direct to the general hospital, or who is detained following admission to the general hospital, requires the allocation of an RC

This may be:

- A liaison psychiatrist
- If prompt transfer to a mental health ward is envisaged, the RC for that ward
- If well known to community RC, that RC may wish to retain RC responsibility

7.8 Escalation of disputes

In all circumstances, the RC should be identified promptly. If there is disagreement, the dispute should be escalated to the Clinical Director.

8 Development, Consultation and Approval

This policy was developed by the Mental Health Legislation Operational Group (MHLOG) in line with the requirements of the Mental Health Act 1983 (as amended) and its Code of Practice (2015).

9 Audit, Monitoring and Review

Monitoring Compliance Template						
Minimum Requirement	Process for Monitoring	Responsible Individual/ group/committee	Frequency of Monitoring	Review of Results process (e.g. who does this?)	Responsible Individual/group/ committee for action plan development	Responsible Individual/group/ committee for action plan monitoring and implementation
Maintenance of Approved Clinician Register	Reports to Mental Health Legislation Operational Group (MHLOG)	MHA Office Manager	Bi-yearly	MHLOG	MHLOG	MHLOG; Mental Health Legislation Committee (MHLC)
Monitoring of situations where a patient does not have an RC	Incident reporting	Head of Mental Health Legislation; MHLOG	Ongoing	MHLOG; MHLC	Clinical and Medical Directors; MHLC	Clinical and Medical Directors; MHLC

This policy will be reviewed in 3 years.

10 Implementation Plan

Action / Task	Responsible Person	Deadline	Progress update
Upload new policy onto intranet and remove old version	Communications Team		

11 Dissemination, Storage and Archiving (Control)

This guidance replaces the previous version (v5) on SHSC Intranet and Internet. Notification of the updated policy will be achieved via the Communications internal publication.

The previous policy will be removed from the Trust website by the Policy Governance Team/Communications team.

Version	Date added to intranet	Date added to internet	Date of inclusion in Connect	Any other promotion/ dissemination (include dates)
6				
7				

12 Training and Other Resource Implications

No training needs identified;
Mandatory training in relation to the Mental Health Act 1983 (as amended) ongoing

13 Links to Other Policies, Standards (Associated Documents)

Mental Health Act 1983 (as amended)
Mental Health Act Code of Practice
All Mental Health Act policies.

14 Contact Details

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Appendix A

Equality Impact Assessment Process and Record for Written Policies

Stage 1 – **Relevance** - Is the policy potentially relevant to equality i.e. will this policy potentially impact on staff, patients or the public? This should be considered as part of the Case of Need for new policies.

NO – No further action is required – please sign and date the following statement. **I confirm that this policy does not impact on staff, patients or the public.**	***I confirm that this policy does not impact on staff, patients or the public.*** Name/Date: Jamie S Middleton, August 2025	**YES,** Go to **Stage 2**

Stage 2 Policy Screening and Drafting Policy - Public authorities are legally required to have 'due regard' to eliminating discrimination, advancing equal opportunity and fostering good relations in relation to people who share certain 'protected characteristics' and those that do not. The following table should be used to consider this and inform changes to the policy (indicate yes/no/ don't know and note reasons). Please see the SHSC Guidance and Flow Chart.

Stage 3 – **Policy Revision** - Make amendments to the policy or identify any remedial action required and record any action planned in the policy implementation plan section

SCREENING RECORD	Does any aspect of this policy or potentially discriminate against this group?	Can equality of opportunity for this group be improved through this policy or changes to this policy?	Can this policy be amended so that it works to enhance relations between people in this group and people not in this group?
Age	**N**	**N/A**	**N/A**
Disability	**N**	**N/A**	**N/A**
Gender Reassignment	**N**	**N/A**	**N/A**
Pregnancy and Maternity	**N**	**N/A**	**N/A**

Race	**N**	**N/A**	**N/A**
Religion or Belief	**N**	**N/A**	**N/A**
Sex	**N**	**N/A**	**N/A**
Sexual Orientation	**N**	**N/A**	**N/A**
Marriage or Civil Partnership	**N**		

Please delete as appropriate: -
no changes made.

Impact Assessment Completed by: Jamie S Middleton, August 2025

Appendix B

Review/New Policy Checklist

This checklist to be used as part of the development or review of a policy and presented to the Policy Governance Group (PGG) with the revised policy.

		Tick to confirm
	Engagement	
1.	Is the Executive Lead sighted on the development/review of the policy?	✓
2.	Is the local Policy Champion member sighted on the development/review of the policy?	×
	Development and Consultation	
3.	If the policy is a new policy, has the development of the policy been approved through the Case for Need approval process?	N/A
4.	Is there evidence of consultation with all relevant services, partners and other relevant bodies?	✓
5.	Has the policy been discussed and agreed by the local governance groups?	✓
6.	Have any relevant recommendations from Internal Audit or other relevant bodies been taken into account in preparing the policy?	✓
	Template Compliance	
7.	Has the version control/storage section been updated?	✓
8.	Is the policy title clear and unambiguous?	✓
9.	Is the policy in Arial font 12?	✓
10.	Have page numbers been inserted?	✓
11.	Has the policy been quality checked for spelling errors, links, accuracy?	✓
	Policy Content	
12.	Is the purpose of the policy clear?	✓
13.	Does the policy comply with requirements of the CQC or other relevant bodies? (where appropriate)	✓
14.	Does the policy reflect changes as a result of lessons identified from incidents, complaints, near misses, etc.?	✓
15.	Where appropriate, does the policy contain a list of definitions of terms used?	✓
16.	Does the policy include any references to other associated policies and key documents?	✓
17.	Has the EIA Form been completed (Appendix 1)?	✓
	Dissemination, Implementation, Review and Audit Compliance	
18.	Does the dissemination plan identify how the policy will be implemented?	✓
19.	Does the dissemination plan include the necessary training/support to ensure compliance?	✓
20.	Is there a plan to i. review ii. audit compliance with the document?	✓
21.	Is the review date identified, and is it appropriate and justifiable?	✓