

# Section 113 – non-compliance with order

Decision by RMO to authorise removal to hospital

CTO8

Part A

## Instructions

v7.1

The following form is to be used:

by the RMO, in the community, where a patient who is subject to a compulsory treatment order, interim compulsory treatment order, or compulsion order that does not authorise the detention in hospital, fails to comply with the measure(s) authorised by that order and the RMO is authorising their removal from the community to hospital under section 113.

The 2003 Act does not provide for the RMO to produce a certificate authorising the patient's removal to hospital from the community under section 113. However, (although this is not in the Act), the RMO should document that the grounds to use s113 are met, and their decision to implement this. This form is designed for the RMO to do this. It does not constitute a "certificate".

There is no statutory requirement that you use this form but you are strongly recommended to do so. This form draws attention to some procedural requirements and grounds that must be met before removal from the community under section 113 can be authorised. Failure to observe these requirements may result in authority for removal from the community being challengeable.

Where not completing this form electronically, to ensure accuracy of information, please observe the following conventions:

Write clearly within the boxes in BLOCK CAPITALS and in BLACK or BLUE ink

For example

Grid of boxes for example text

Shade circles like this ->



Not like this ->



Where a text box has a reference number to the left, you can extend your response on plain paper where there is insufficient space in the box. Extension sheet(s) should be clearly labelled with Patient's name and CHI number, and each extended response should be labelled with the appropriate text box reference number.

## Patient Details

CHI Number: [Grid]

Surname: [Grid]

First Name(s): [Grid]

Other / Known As: [Grid]

'Other / Known As' could include any name / alias that the patient would prefer to be known as.

Title: [Grid]

Gender

- Male Female Prefers not to say Not listed

DoB dd / mm / yyyy: [Grid]

If not listed, please specify

[Grid]

Patient's home address: [Grid]

Postcode: [Grid]

<< Please enter NF1 1AB if no fixed abode

## RMO Details

Surname: [Grid]

First Name: [Grid]

Title: [Grid]

GMC Number

[Grid]

Hospital: [Grid]

Clinic (If appropriate): [Grid]

I, the above named RMO am approved under section 22 of the Act by:

Health Board NHS: [Grid]



**Details of Order / Non-Compliance**

- The patient is subject to:
- an interim compulsory treatment order
  - a compulsory treatment order
  - a compulsion order

that does not authorise the detention of the patient in hospital, and that the patient has failed to comply with one or more measures authorised by that order, as detailed below:

<i>Shade measures currently authorised by the CTO/CO</i>	<i>Shade as appropriate for measures which the patient has failed to comply with</i>
<input type="radio"/> giving the patient medical treatment in accordance with Part 16 of the Act	<input type="radio"/>
<input type="radio"/> requiring the patient to attend: on specified or directed dates; or at specified or directed intervals, specified or directed places with a view to receiving medical treatment	<input type="radio"/>
<input type="radio"/> requiring the patient to attend: on specified or directed dates; or at specified or directed intervals, specified or directed places with a view to receiving community care services, relevant services or any treatment care or service	<input type="radio"/>
<input type="radio"/> requiring the patient to reside at a specified place	<input type="radio"/>
<input type="radio"/> requiring the patient to allow any of the following parties to visit the patient in the place where the patient resides. Those parties are; the patient's MHO, the patient's RMO, or any person responsible for providing medical treatment, community care services, relevant services or any treatment, care or services to the patient who is authorised for this purpose by the patient's RMO	<input type="radio"/>
<input type="radio"/> requiring the patient to obtain the approval of the MHO to any proposed change of address	<input type="radio"/>
<input type="radio"/> requiring the patient to inform the MHO of any change of address before the change of address takes effect	<input type="radio"/>

**Record of RMO Duties Prior to Detaining Patient**

As the patient's RMO, I authorised that the patient be taken into custody and conveyed to hospital, as I am satisfied that if the patient were to continue to fail to comply with the measure(s), it is reasonably likely that there would be a significant deterioration in the patient's mental health, and **(complete either A or B)**

**A**

- that although contact could not be made with the patient, reasonable steps, as detailed below, were taken to contact the patient following his/her failure to comply with the measure, OR
- that where contact was made with the patient, the patient was afforded a reasonable opportunity to comply with the measure

**The reasons for the above statement are:**

<b>1</b>	
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**OR**

**B**  that it was necessary as a matter of urgency

**Signature**

Signed by RMO

Date dd / mm / yyyy  /  /  /  /

*A copy of this CTO8 Part A form should be sent to the hospital the patient is conveyed to.*

*It should be filed in the patient's medical records.*

*The hospital managers should send a copy of the form to the Mental Welfare Commission along with the CTO Part B form that is completed after admission.*