

# Professional guidance

## Original version

### Tips for newly appointed tribunal members

...6. **Testing out:** check that the patient has moved down through levels of security: HSU/MSU/LSU. Also leave status: escorted/unescorted and for how long.

**7. Discharge.** Are the team supportive of a discharge plan? i.e. Conditional or deferred Conditional or absolute from Conditional.

**8. If the team is supportive, how complete are the plans?**

-accommodation identified

-funding agreed

-testing out on leave to accommodation

-conditions such as, urine drug screens, blood levels of medication

-follow up with which team – community forensic team and whether this has been agreed and contact made....

-monitoring may include tagging, CCTV (rare- but can confirm whether exclusion zones respected

-MAPPA links

-exclusion zones where relevant

**9. AND VERY IMPORTANT,** has the **Secretary of State** seen the reports with the recommendation and made a comment? (There will be a written statement in the papers: in reality, the SOS rarely recommends discharge but the clinical team note this and can explain how risks can be managed)

## My edited version

### Tips for newly appointed tribunal members

...6. When **testing out**, check that the patient has moved down through levels of security. Look for progression from high- to medium- to low-secure units. Also check the patient's leave status – have they been escorted or unescorted, and for how long?

7. Establish whether the team are supportive of a **discharge plan**. Discharge might be conditional, or deferred conditional, or absolute.

8. If the team are supportive, **how complete are the plans?**

- Has accommodation been identified?
- Has funding been agreed?
- Has there been testing out on leave at the intended accommodation?
- Has the patient met conditions such as urine drug screening or checks for blood levels of medication?
- Has follow-up with a team been arranged? If this is with the community forensic team, has it been agreed by all parties and contact made?
- Has monitoring been planned? This may include tagging; CCTV (rare, but it can confirm whether the patient is respecting exclusion zones); multi-agency public protection arrangements (MAPPA); and exclusion zones where relevant.

9. **IMPORTANT – make sure the Secretary of State (SoS) has seen the reports** with the recommendation and made a comment. There will be a written statement in the papers. In reality, the SoS rarely recommends discharge, but the clinical team make a note of this and explain how risks will be managed.