

**POLICE ASSISTANCE AND CONVEYANCE,  
 FOR THE ADMISSION OF PATIENTS DETAINED  
 UNDER THE MENTAL HEALTH ACT 1983 TO  
 HOSPITAL**

<b>DOCUMENT CONTROL:</b>	
<b>Version:</b>	2
<b>Ratified by:</b>	Mental Health Legislation Committee
<b>Date ratified:</b>	
<b>Name of originator/author:</b>	Social Work Consultant/MHA Manager/South Yorkshire Police/Humberside Police/Yorkshire Ambulance Service/East Midlands Ambulance Service
<b>Name of responsible committee/individual:</b>	Mental Health Legislation Committee
<b>Date issued:</b>	
<b>Review date:</b>	
<b>Target Audience</b>	

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## FORWARD

In accordance with Section 118 of the Mental Health Act 1983 as amended by the Mental Health Act 2007 (referred to subsequently as the MHA '83), the Department of Health issues a Code of Practice to provide guidance for managers and staff of Health and Social Services in undertaking duties under the Mental Health Act. The code requires statutory agencies to draw up policies for a number of Mental Health Act duties. Among these is the jointly agreed policy for the conveyance of patients. This conveyance of patients detained under the Mental Health Act Policy represents good practice.

It is the intention of the author and the Mental Health Act Manager to negotiate across Rotherham Doncaster and South Humber NHS Foundation Trust and between its partner agencies demonstrating their commitment to improving the efficiency and dignity with which people who are subject to the Mental Health Act 1983 are conveyed to hospital. This policy will be regularly monitored.

Partner Organisations	Signatories
Rotherham Metropolitan Borough Council	
Doncaster Metropolitan Borough Council	
North Lincolnshire Council	
South Yorkshire Police	
Humberside Police	
Yorkshire Ambulance Service	
East Midlands Ambulance Service	
Rotherham Doncaster and South Humber NHS Foundation Trust	

## COMMITMENT OF SIGNATORY BODIES

**Yorkshire and East Midlands Ambulance Service** will exercise its authority to convey under S.6 (1) Mental Health Act, using the most appropriate vehicle for the presenting circumstances. All Mental Health Act requests for conveyance under this policy will be graded as requiring an urgent response that is, within two hours, unless exceptional circumstances merit a more immediate level of response.

**Rotherham Doncaster and South Humber NHS Foundation Trust** recognises the importance of multi-agency work under the Mental Health Act. The Trust is committed to providing an efficient and effective response to requests for support and/or assessment. RDASH NHS Foundation Trust will also ensure that mental health staff have appropriate training to support actions that may be required, such as bed management, in the execution of this policy and procedure.

**Rotherham Metropolitan Borough Council, Doncaster Metropolitan Borough Council and North Lincolnshire Council** will ensure that there are sufficient numbers of Approved Mental Health Professionals (AMHP's) available under S.114 Mental Health Act 1983 for the purposes of statutory intervention under this policy and procedure and are committed to providing an efficient and responsive 24-hour AMHP Service.

**South Yorkshire and Humberside Police** recognise the importance of multi-agency work under the Mental Health Act and in particular, to support the AMHP and the Ambulance Service in the delivery of its conveyance responsibilities. The Police recognise that where there is an identified threat or risk of violence or harm to staff carrying out an assessment, or to Ambulance Service personnel, that the assistance of officers may be required. The Police further acknowledge that there are appropriate powers available to them in order to prevent or reduce the risk of harm to others under various pieces of legislation and statutory powers.

## **INTRODUCTION**

The 2008 Mental Health Act (MHA) Code of Practice requires Local Social Services Authorities, defined in section 145 (1) MHA 1983, the National Health Service and the Local Police Authority to establish a clear policy for the use of the power to convey a person to hospital under S.6 (1) MHA. This policy and procedure outlines the roles and responsibilities of each of the organisations that are the signatory bodies. This policy and procedure therefore provides guidance for ambulance service personnel, medical and/or other healthcare practitioners, Approved Mental Health Professionals (AMHP) and police officers.

In the case of a formal application for admission to hospital other than an emergency application, the period of 14 days beginning with the date on which the person was last examined by a registered medical practitioner is the period within which the applicant or any person authorised by the applicant can take the patient and admit them to hospital.

In the case of an emergency application, the period is 24 hours from when the application was made within which the patient can be conveyed to hospital.

The overall aim of this policy and procedures is:

- To ensure that persons detained under the Mental Health Act 1983 are conveyed to hospital in an appropriate vehicle and in the most humane way possible following an assessment of their mental health needs by doctors and an Approved Mental Health Professional.

## **2. PURPOSE**

The purpose of the policy is to describe best practice in the process of admitting mentally ill patients to hospital by ambulance, and to explain the agreed roles and responsibilities of each of the services involved in an admission under the Mental Health Act 1983. It will contribute to good joint working, and minimise the distress that patients, their friends and family can experience when admission is being undertaken.

It is recognised that arranging admission to a mental health unit is unpredictable, circumstances will vary from one situation to another and each of the services operates under resource constraints. However, this policy, in describing best practice, sets out the standards for each service.

## **3. SCOPE**

This policy is relevant to the personnel of RDASH, Local Authority partners, South Yorkshire and Humberside Police and Yorkshire / East Midlands Ambulance Service and covers:

- Roles and responsibilities
- The Assessment process
- Admission arrangements
- Arrangements for the resolution of disputes

The Policy does not cover the full range of all individuals and professionals who may play key roles in the mental health admission process, but does identify the roles of the AMHP, the Police and Ambulance Service.

The Policy covers Police assistance and the conveyance of an individual detained under the Mental Health Act 1983 to a hospital or appropriate placement where the patient is subject to guardianship.

## 4. RESPONSIBILITIES, ACCOUNTABILITIES AND DUTIES

### 4.1 RDASH - Mental Health Legislation Committee

The RDASH Trust's Mental Health Legislation Committee is responsible for:

- Overseeing the implementation of the Act within the organisation.
- The review and issuing of all policies and procedures which relate to the Act.
- Monitoring the Trust's compliance with the legal requirements of the Act.
- Undertaking audit work and agreeing action plans in relation to the Act.
- Providing an annual report on Mental Health Act activity within the Trust to the Board of Directors.

### 4.2 Approved Mental Health Professional (AMHP)

The Approved Mental Health Professional (AMHP) will take the lead in all matters relating to the conveyance of patients who are liable to be detained under the MHA 1983, they will:

- consult appropriately with staff from other agencies
- establish the most appropriate conveyance arrangements
- complete and document a risk assessment
- share the risk assessment with Ambulance, Police and other colleagues
- be available to offer assistance if the Nearest Relative is the applicant
- ensure that all the necessary arrangements are made for the patient to be conveyed to hospital
- ensure the needs of the patient are taken into account and give particular consideration to:
  - The patient's wishes.
  - The views of relatives or friend(s) involved with the patient.
  - The views of other professionals involved in the application who know the patient.
  - His or her judgment of the patient's state of mind, and the likelihood of the patient behaving in a violent or dangerous manner.
  - Previous experience of conveying the patient.
  - The impact that the use of a police vehicle may have on the patient's relationship with the community, to which he or she will return.

## 5. POLICY FRAMEWORK

### 5.1 Who has the authority to convey the patient?

***This applies in all cases where patients are compulsorily conveyed under the MHA 1983 (11.3 MHA Code of Practice)***

The Approved Mental Health Professional (AMHP) will take the lead in all matters relating to the conveyance of patients who are liable to be detained under the MHA 1983.

A properly completed application for the detention of an individual under the MHA 1983, together with the required medical recommendations, gives the applicant

(AMHP or Nearest Relative) the authority to convey the patient to hospital. They are authorised under the MHA to convey a patient to hospital or appropriate placement and therefore have all the powers of a police constable in respect of, and for the duration, of the conveyance of the patient.

When the AMHP is the applicant he/she has a duty to ensure that all necessary arrangements are made for the patient to be conveyed to hospital. Where an application for compulsory admission to hospital appears likely to take place, it is considered best practice to inform Ambulance Service in advance of the assessment

When the Nearest Relative is the applicant, the assistance of an AMHP should be made available, to give guidance and help on all aspects of conveyance and other matters related to the admission.

A patient will be conveyed to hospital in the most humane and least threatening way, consistent with ensuring that no harm comes to the patient or to others.

## **5.2 Who is authorised to convey the patient?**

All patients subject to an application for admission to hospital or alternative placement under the MHA 1983 will be conveyed by the Ambulance Service using an appropriate vehicle and with suitably trained staff.

In situations where the risk of injury to patient or staff is likely, the assistance of the Police may be required. When called upon to assist, the attending officers will consult with other professionals as to the most appropriate method of transporting the patient to a place of safety, making a joint decision based upon a dynamic joint risk assessment (Appendix 3).

The detained patient should never be conveyed by private car.

If the patient is unlikely to or unwilling to move, the applicant should provide the people who are to convey the patient (including any ambulance staff or police officer involved) with written authority to convey the patient (Appendix 1).

It is this authorisation, which confers on them the legal power to convey the patient against their will, using reasonable force if necessary, and to prevent the patient from absconding en route. Section 5 of the Mental Capacity Act provides powers to use reasonable force in order to act in the patients' best interests. It will be for the attending AMHP and other relevantly trained medical professionals to inform attending officers that the patient lacks the requisite capacity to make an informed decision about their proposed treatment. It will not be for attending police officers to make a capacity assessment. All such decisions should be appropriately documented. If officers are attending in circumstances whereby a warrant has been granted under Section 135 of the Mental Health Act 1983, then this grants powers to use reasonable force if required.

## **6. PROCEDURE/IMPLEMENTATION**

### **6.1 AMHP responsibilities**

#### **6.1.1 Risk Assessment**

Where the risk assessment conducted by the AMHP concludes that there is a threat of violence or harm or a risk that the patient will abscond, the AMHP will discuss whether the Police should be in attendance throughout the MHA assessment itself, and/or providing an escort in any subsequent conveyance of the patient to hospital. The risk assessment will be shared with Ambulance Service, Police, and other

colleagues and will be formally recorded (Appendix 3).

The AMHP should request the assistance of the Police if there is an assessed risk of violence during the assessment, conveyance, or admission process. The AMHP, upon acknowledging the need for a Mental Health assessment in the community, should carry out a risk assessment. If there are identified risks, then they should grade that risk in accordance with the attached flow chart (Appendix 6). Police assistance should then be requested from the Police Control Room by telephoning 101. (*this is the number for all police forces now and the call will be directed to the relevant force's control room*). The AMHP should quote 'Operation AMHP' to the call handler, together with the desired level of police support. This will then trigger the police action plan in place for such requests. The AMHP will be given an incident number for use when re-contacting the police. In the event of urgent and immediate assistance being required, then the AMHP should use the 999 system, giving as much information about the situation as is practicable in the circumstances.

If, following the initial request for police assistance, the attending AMHP requires further assistance, or if the situation develops or deteriorates, then the AMHP should re-contact the police, quoting the incident number.

In situations where an increased level of risk is identified prior to the assessment taking place, then the 'Additional Information for Police' sheets (Appendix 4) should be completed, with the information passed to the police. This will enable the rapid and appropriate deployment of resources to assist when required.

It is the AMHPs responsibility to conduct their own risk assessment. The Police will carry out their own risk assessment based upon this information, together with their own sources of information / intelligence in order to develop a deployment / assistance plan. Attending officers will carry out a dynamic risk assessment in consultation with the AMHP and other attending professionals, should they be deployed.

Where the Police have been urgently requested, due to an escalation of risk it would also be advisable to contact the ambulance service and upgrade the response so that there is an immediate ability to transport the patient.

#### 6.1.2 Needs of the patient

The AMHP should ensure the needs of the patient are taken into account and give particular consideration to:

- The patient's wishes.
- The views of relatives or friend(s) involved with the patient.
- The views of other professionals involved in the application who know the patient.
- His or her judgment of the patient's state of mind, and the likelihood of the patient behaving in a violent or dangerous manner.
- Previous experience of conveying the patient.
- The impact that the use of a police vehicle may have on the patient's relationship with the community, to which he or she will return.

#### 6.1.3 Arranging for the conveyance of the patient

As soon as it becomes clear that NHS transport is required, the AMHP should contact the:

Rotherham and Doncaster

Yorkshire Ambulance Service Emergency Operations Centre on **0300 330 0244**

For North Lincolnshire

**East Midlands Ambulance Service** .....

giving as much detail as possible (see Appendix 2).

**NB: It should be made clear at this stage, by the AMHP, as to whether the Police are required.**

A patient's journey will be entered into the computer system, which will be assigned a unique incident number.

The AMHP may contact Ambulance Control at any stage giving the incident number, to update or discuss the progress of the incident.

If the admission is stopped at any stage it is the responsibility of the AMHP to contact Ambulance Control and cancel the journey.

Due to the complexity of some of the journeys, the discussion between the AMHP and Ambulance Control should make the exact circumstances of the situation completely clear.

If any difficulties arise, the AMHP should ask to be referred to the Emergency Operations Centre Team Leader.

#### 6.1.4 Delegation of conveyance

The AMHP is permitted to delegate the task of conveying the patient to another person, such as personnel from the Ambulance Service or the Police. If the task is delegated, a form of authorisation should be given to the delegated person (Appendix 1).

If the AMHP delegates the conveyance of the patient she/he must be confident that the person accepting this responsibility is competent and fully aware of their responsibilities in relation to this task.

In exceptional circumstances, the AMHP may delegate the responsibility for conveying the patient to a professional worker other than an AMHP and not accompany the patient to hospital. The AMHP must contact the hospital accepting the patient and confirm the papers have been received. It is considered good practice to fax a copy of the papers to the receiving hospital prior the patient arriving there. If the delegated organisation encounters difficulty with the arrangements, it will need a means of contacting the AMHP. The AMHP will provide their contact details on the delegation form (Appendix 1).

#### 6.1.5 Accompanying the patient during conveyance

It is good practice and generally expected that the AMHP will personally accompany, or follow the patient to hospital in their own vehicle. The AMHP retains ultimate responsibility to ensure that the patient is conveyed in a lawful, safe and humane manner, and must be ready to give the necessary guidance to those asked to assist.



The AMHP should take into account the needs of the patient and the views of the Nearest Relative, the Ambulance Service or the Police when deciding whether to accompany the patient to hospital in the same vehicle. If the patient would prefer to be accompanied by another professional or by any other adult, that person may be asked to escort the patient, provided the AMHP is satisfied that this will not increase the risk of harm to the patient or to others.

A decision should be reached by negotiation with the above, depending on individual circumstances.

#### 6.1.6 Escorts for the conveyance

An escort should only be provided if needed and appropriate. This will depend on individual circumstances, and must be agreed between the AMHP, the Section 12 (2) MHA approved doctor, the GP (if present), personnel from the Ambulance Service and, where appropriate, the Police.

The escort could be the AMHP or, with the AMHP's agreement, any other adult, or another professional person. The escort must have an appropriate level of training to meet the patient's needs and welfare. This should not preclude the Nearest Relative exercising their right to accompany the patient. If the patient has been sedated a suitably trained professional should accompany him.

As a guide, the use of escorts should be considered in the following situations:

- Where the protection and/or support of both the patient and transport service personnel is required;
- Where the presence of a particular escort, e.g. relative, friend, nurse, social worker, will assist in the patient's conveyance to hospital.
- Where the presence of the Police is needed to prevent a breach of the peace or because the patient presents a physical risk to others.

If an escort is required the Ambulance Service will be unable to return the escort to their starting point and provisions should be made for them to arrange their own transport.

Where the AMHP/applicant is not travelling in the same vehicle as the patient the application form and medical recommendations should be given to the person authorised to convey, with instructions that they should be given to the receiving member of hospital staff.

#### 6.1.7 Patients who have been sedated and require conveyance

If the patient has been sedated, the Ambulance Service will advise on the most appropriate vehicle to be used. In such circumstances the patient should be accompanied by a nurse, a doctor or a paramedic experienced in this area.

Where no nurse escort is available for a patient who has been sedated prior to transportation, a paramedic crew with advanced life support skills should be requested in case of adverse drug reaction, cessation of breathing, etc., with the attending clinician giving clear instructions at handover on likely adverse reactions and treatment required.

**Please Note:** The professional who administers the sedation should be prepared to provide the ambulance service with details of the medication given and the expected duration of its effect.

Only suitably qualified medical practitioners can prescribe medication and/or authorise and arrange any nurse escort. If the medical practitioner has to leave prior to the patient being conveyed to hospital he/she must ensure that the AMHP is informed of how to contact him/her or the duty psychiatrist in his/her absence. In the event of detention under S.4 MHA the assessing doctor will have this responsibility.

#### 6.1.8 Medical Intervention

If it becomes apparent to the AMHP, Assessing Doctor/s or Ambulance Personnel that the patient requires immediate Medical intervention for his/her physical health then the Patient should be conveyed to the appropriate A&E department. It is the responsibility of the AMHP to follow the Ambulance to the A&E department in order to provide necessary information to the treating clinician.

#### 6.1.9 Transfer of the patient into hospital services

In order to expedite the transfer of responsibility for the patient to the hospital, the AMHP should ensure that the receiving hospital is expecting the patient, and telephone ahead with expected time of arrival. The AMHP should ascertain the name of the person who will be formally receiving the admission papers.

The AMHP should arrive at the hospital at the same time as the patient and remain there until he/she has ensured that:

- The admission documents have been delivered, checked for accuracy and received, on behalf of the Hospital Managers.
- Any other relevant information (AMHP Outline Report) is given to the appropriate hospital personnel.
- The patient has been receipted into the care of the hospital.

### **6.2 Police Responsibilities**

#### 6.2.1 Police response

The Police will respond to a request for assistance where there is a threat of violence or harm to the patient, other persons or property, or a risk the patient will abscond. The AMHP and police will agree the most appropriate response to ensure the safety of all concerned - which may or may not require action by the police. The Police will ensure that any action they take is proportionate to the situation presenting. They will also, where this is not inconsistent with their duty to protect persons, or property, or the need to protect themselves comply with any directions or guidance given by the AMHP while the patient is being conveyed to hospital.

In the event that a patient absconds, then the police will respond according to identified risks and provide a tiered response accordingly. The police may apply their missing persons criteria and protocols to such circumstances. The police acknowledge that a person who absconds after they have been placed under a section of the Mental Health Act are classed as being 'unlawfully at large', unless advised otherwise by appropriate professionals.

Where an AMHP requests the assistance of the Police, this will be met as far as practicable. The Police will use their discretion on the number of officers to be deployed but their overriding duty is to protect the patient from harm to themselves or others. Where, for operational reasons, the Police find this difficult, there will be discussion between the Duty Inspector or Sergeant for the division concerned and the AMHP.

In exceptional circumstances where there is concern about the safety of the patient or other persons, a police vehicle may be used with the police and AMHP as an escort, if appropriate. If the patient is to be conveyed by the Police, for the safety of the patient and escorts the patient will be searched by the Police to identify if the patient has anything on their person that could cause harm or damage.

Where there is a risk of violence or harm to persons or property, and the police have conveyed the patient to hospital, the admission should be effected as efficiently as possible and the time spent by the Police in hospital should be restricted to the minimum required for safe transfer of responsibility.

### **6.3 Ambulance Responsibilities**

#### **6.3.1 Ambulance Response**

When requested, the Ambulance Service has a duty to provide an appropriate vehicle and staff competent to manage the patient's presenting condition and convey the patient to hospital.

Staff employed by the Ambulance Service should, where it is not inconsistent with their duty, comply with any directions or guidance given by the AMHP.

If the crew of the vehicle provided by the Ambulance Service believes that by conveying the patient in their vehicle they would put themselves, the patient or other road users at risk, they may refuse to convey the patient and Police assistance should be requested.

The assessing doctors and AMHP need to agree the estimated time of the patient's arrival at the receiving hospital. The timeframe must be agreed between the AMHP and Ambulance Control and this will normally be within the agreed 2 hour response.

All patients detained under the Mental Health Act who require NHS transport to convey them to hospital are considered an 'emergency' in the sense of requiring transport within two hours.

### **6.4 Restraint**

In the process of conveying a patient to hospital any of the parties can use such force as is proportional and reasonable in the circumstances. Although it is not possible to be definitive as to what proportional means in practice, there should be consultation with the patient, the Nearest Relative and other professionals to assist in this judgement. Each situation must be assessed on its individual merits and be informed by the medical and risk assessment(s) and the AMHP assessment.

All AMHP's must work in line with the RDASH Policy for the prevention and management of work related violence and aggression.

If physical intervention is necessary then the use of minimum force, acting under common law or if the patient lacks capacity then the MCA 2005 may be used. Ambulance staff have not been trained in restraint and therefore they may be required to call for Police assistance if necessary. The circumstances and reasons for doing this must be recorded in the Mental Health Act assessment documentation.

MCA Code of Practice Clearly states that the use of restraint where someone lacks the capacity to consent is allowed when it is a proportionate response to the risk of harm and to prevent harm to that person and not to protect harm coming to others

engaged in the process.

## **6.5 Geographical boundaries in relation to conveyance**

Where it is necessary to use NHS transport services to convey the patient to hospital the responsibility lies with the area the journey arises. This is the situation for both NHS and private healthcare patients.

Where a privately funded patient is requesting admission to a particular private hospital, the patient will be responsible for the cost of the transport.

In the geographical area covered by RDASH, NHS transport services are provided by the Yorkshire Ambulance Service (Rotherham and Doncaster localities) and the East Midlands Ambulance Service (North Lincolnshire locality). The patient must be conveyed to a named hospital except in the case where bed availability dictates the use of a bed in another geographical area.

Where patients need to be conveyed longer distances because of a lack of, or suitability of, an appropriate bed locally, the Commissioners in whose area the journey arises remains responsible. Where the AMHP is the applicant in these circumstances, he/she has the duty to ensure that all necessary arrangements are made for the patient to be conveyed to the hospital and will consult closely with the Access Team or receiving inpatient staff.

Where police escorts and/or ambulance transport may be required for conveying patients longer distances, close co-operation between agencies will need to agree the most practical time and suitable way to achieve the conveyance.

## **6.6 Out of Area patients**

For patients who originate from out of area (that is, beyond the geographical boundary covered by this policy and procedure) and require NHS transport to return them home, this remains the responsibility of their Primary Care Trust for that area. A joint discussion with Ambulance Service should initially take place and focus on the patient's presenting issues and needs. Given that the Ambulance Service is normally involved in the transportation of patients locally, there may be circumstances where such cases can be transported by the local Ambulance Service as an extra contractual referral and the costs will be fully met by the appropriate receiving authority. However in cases where the Ambulance Service is not able to provide this service staff should seek the services of a Private provider (i.e. Rapid and Secure) to facilitate this conveyance. The needs of the patient are paramount and there should be no delay in conveyance whilst discussions happen over funding, which can be dealt with retrospectively

## **6.7 Patients requiring specialist placements**

For patients who require admission to a specialist hospital where the journey is deemed to be excessive and potentially detrimental to the patient's overall presentation at the time of assessment, consideration should be given, to admitting the patient to a RDASH hospital in the first instance and transfer should then be facilitated between hospitals under section 19 of the MHA 83.

**NB:** For those patients who are under the age of 18, a Tier 4 CAMHS bed should be sought either, during working hours by the Specialist Commissioners or out of hours by the Consultant on-call.

## **6.8 Other situations where conveyance will be required**

### 6.8.1 Section 135 (1)

Where a member of the public has had a warrant served on them under s.135 (1) of the MHA 1983, and is required to be conveyed to a hospital subject to detention under the MHA 1983, or to a place of safety for the purpose of a full MHA assessment, the organisation of the conveyance arrangements will be the responsibility of the AMHP.

### 6.8.2 Section 135 (2)

Where a person who is liable to be detained in hospital has to be taken, or retaken, in the case where they have absented themselves from hospital and a warrant under s.135(2) of the MHA 1983 has been issued to a Police Officer to enter the premise by force. The most appropriate method of conveyance will be organised by a nominated member either of the hospital staff or in the case of a patient who is subject to Supervised Community Treatment (SCT) a staff member who knows the patient. There may be occasions where this conveyance is via the Ambulance Service.

Before the patient is conveyed the applicant should contact the receiving hospital to ensure that they are expecting the patient and provide an estimated time of arrival.

### 6.8.3 Section 17 / Supervised Community Treatment – non compliance

Where a patient is subject to S.17 MHA leave or supervised community treatment and is non-compliant with the care plan and needs to be returned to hospital, the Responsible Clinician, or other staff acting on his/her behalf, will need to decide the most appropriate form of conveyance. They will also be responsible for the co-ordination of the process to effect the patient's return or recall to hospital.

### 6.8.4 Supervised Community Treatment – recall

In the situation where a SCT patient is recalled to hospital it is the responsibility of the Responsible Clinician or the hospital managers to provide written authorisation to the most appropriate person to convey the patient -which could be to be any officer on the staff of the hospital to which the patient is to be recalled, any police officer or any AMHP.

## **7. TRAINING IMPLICATIONS**

There are no specific training needs in relation to this policy, but the following staff will need to be familiar with its contents: (Approved Mental Health Professionals South Yorkshire and Humberside Police personnel and Yorkshire and East Midlands Ambulance personnel and any other individual or group with a responsibility for implementing the contents of this policy).

As a Trust policy, all staff need to be aware of the key points that the policy covers. Staff can be made aware through: A number of a variety of means such as;

Trust wide Email	AMHP refresher Training
Team meetings	AMHP Specialist Meeting
Group supervision	One to one meetings / Supervision
Practice Development Days	Mental Health Legislation Training

*The Training Needs Analysis (TNA) for this policy can be found in the Training Needs Analysis document which is part of the Trust's Mandatory Risk Management Training Policy located under policy section of the Trust website.*

## 8. MONITORING ARRANGEMENTS

- **Monitoring and Review**

The effectiveness of the local conveyance arrangements will be formally reviewed through the Mental Health Legislation Monitoring Group (MHLMG) at 3 monthly intervals during the first 12 months and annually thereafter. The MHLMG will report directly to Mental Health Legislation Group, convened and chaired by RDASH Mental Health NHS Foundation Trust who will make recommendation and report through to relevant Council Senior Management Teams and relevant partners.

<b>Area for Monitoring</b>	<b>How</b>	<b>Who by</b>	<b>Reported to</b>	<b>Frequency</b>
Implementation	Dissemination	MHLMG to include Social Work Consultant / Mental Health Act Manager/ in partnership with SY& H Police and YAS and EMAS	MHLC	3 monthly
Compliance with content of policy particular attention being given to waiting time	Through AMHP report	Social Work Consultant / MHA Manager	MHLC who will ensure that any recommendations made will be forwarded on to partner organisations	3 monthly
Any Incidents which identify issues or concerns relating to implementation of this policy	Issues or concerned will be reviewed and recommendation will be made	Social Work Consultant / MHA Manager/ Liaison officers from SY & H police and YAS &EMAS	MHLC who will ensure that any recommendations made will be forwarded on to partner organisations	As required

## 9.1 Privacy, Dignity and Respect

<p>Central to any aspect of care delivered to adults and young people aged 16 years or over will be the consideration of the individuals capacity to participate in the decision making process. Consequently, no intervention should be carried out without either the individuals informed consent, or the powers included in a legal framework, or by order of the Court</p> <p>Therefore, the Trust is required to make sure that all staff working with individuals who use our service are familiar with the provisions within the Mental Capacity Act. For this reason all procedural documents will be considered, if relevant to reflect the provisions of the Mental Capacity Act 2005 to ensure that the interests of an individual whose capacity is in question can continue to make as many decisions for themselves as possible.</p>	<p><b>Indicate How This Will Be Achieved.</b></p> <p><i>All individuals involved in the implementation of this policy should do so in accordance with the Guiding Principles of the Mental Capacity Act 2005. (Section 1)</i></p>
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<b>The Mental Capacity Act</b>	<b>Indicate how this will be met</b>
<p>The NHS Constitution states that all patients should feel that their privacy and dignity are respected while they are in hospital. High Quality Care for All (2008), Lord Darzi's review of the NHS, identifies the need to organise care around the individual, '<i>not just clinically but in terms of dignity and respect</i>'.</p> <p>As a consequence the Trust is required to articulate its intent to deliver care with privacy and dignity that treats all service users with respect. Therefore, all procedural documents will be considered, if relevant, to reflect the requirement to treat everyone with privacy, dignity and respect, (when appropriate this should also include how same sex accommodation is provided).</p>	<p><i>All individuals involved in the implementation of this policy should do so in accordance with the Mental Health Act Code of Practice – Chapter one</i></p>

## 10. LINKS TO OTHER TRUST PROCEDURAL DOCUMENTS

Policy for the prevention and management of work related violence and aggression  
Mental Capacity Act Policy  
Procedure on the receipt and scrutiny of section papers

## 11. REFERENCES

Statutory Framework:

- Mental Health Act 1983 as amended by the Mental Health Act 2007
- Police & Criminal Evidence Act 1984
- Criminal Law Act 1995
- Human Rights Act 1998

Guidance:

- Mental Health Act – Code of Practice 2008 (*particularly chapter 11*).
- Police & Criminal Evidence Act 1984 – Codes of Practice
- European Convention on Human Rights – specifically Articles 2, 3, 5, 10, 14

Definitions used in this document:

- The Mental Health Act 1983 as amended by the Mental Health Act 2007
- Local Social Services Authority: Section 145 (1)
- Approved Mental Health Professional: Section 145 (1)
- Community Treatment: Section 17A
- Nearest Relative: Section 26 (3) Patient

Case law:

- There is no recent case law of relevance to this policy and procedures.

## 12. APPENDICES

APPENDIX 1	–	Delegation Of Authority To Convey
APPENDIX 2	–	Information required by Ambulance Service during booking
APPENDIX 3	–	Risk Assessment
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DELEGATION OF AUTHORITY TO CONVEY

Delegation of Authority to Convey a Patient to a Hospital under the Mental Health Act 1983 as amended by the Mental Health Act 2007

..... (Name of Patient)

.....

.....

I, ..... (Your name)

have made an application for the admission of the above patient to:

..... (Name of Hospital or Registered nursing home)

.....

I am an \*Approved Mental Health Professional/the Nearest Relative (\*delete as appropriate) within the meaning of the Act.

I delegate my authority to convey the patient to the above hospital to:

..... (Name)

You may use reasonable restraint to achieve the objective of conveying the person to hospital but you should use the least restriction possible whilst ensuring the patient's and other person's safety.

Signed: ..... (Your signature)

Of: ..... (Address on forms)

.....

Contact mobile telephone details if you need to speak with me about this delegation arrangement: .....

Date authority issued: .....

Date authority expires: .....

**INFORMATION REQUIRED BY AMBULANCE SERVICE  
DURING BOOKING**

- What is the address that the patient needs collecting from?
- What's the problem?
- Has the patient been detained under the MHA?
- Where does the patient need transporting to?
- What is the diagnosis of the patient?
- Patients name and date of birth
- Who is authorising the admission/booking?
- Is the patient mobile, or do they require a chair or stretcher?
- Are there any special instructions for the crew e.g. silent approach, rendezvous point away from patient's house?
- Does the condition of the patient present an immediate threat to life?
- Does the patient require Medical Intervention?
- Is the patient ready to travel immediately?
  - Has the paperwork been signed?
  - Are the police required on scene?
  - Has sedation been given, and what is its expected duration of effect?
- Name and telephone contact number for person making the booking.

**Risk Assessment**

Has there been any recent (12 months) violence towards others?	<b>Y / N</b>	What happened?	<b>Low Medium High</b>
Have there been any recent attempts at self harm?	<b>Y / N</b>	What?	<b>L/M/H</b>
Recent police involvement?	<b>Y / N</b>	What? When?	
Any evidence that person is reliant upon or uses intoxicants (legal or otherwise)?	<b>Y / N</b>	What? How?	<b>L/M/H</b>
Uncharacteristic behaviour?	<b>Y / N</b>	Witnessed by who? What?	<b>L/M/H</b>
Risk of abuse/ exploitation by others?	<b>Y / N</b>	Witnessed by who? Suspicion or belief?	<b>L/M/H</b>
Any safeguarding issues? Risk to others or self?	<b>Y / N</b>	Evidence?	<b>L/M/H</b>
Identified health care issues eg medical complaints or surgery (ie pacemaker)	<b>Y / N</b>		<b>L/M/H</b>

<b>Risk:</b>	<b>Low</b>	<b>Medium</b>	<b>High</b>
<b>Violence</b>			
<b>Challenging Behaviour</b>			
<b>Resistive Behaviour</b>			
<b>Absconding</b>			
<b>Suicide</b>			
<b>Self Harm</b>			

## Additional information to be provided when requesting police assistance

Type of premises (house/flat etc) & precise address	
Where in the property does the person live? (ground floor/front bedroom/first floor)	
How many rooms? Condition of rooms? Hygiene? Living standards?	
Does anyone else live there or is likely to be there?  Who? Relationship to person?	
How is access to the property gained? (communal entrance/Key code/Phone entry)	
Have measures been taken to facilitate access?  Key? Family/Neighbour/Landlord assistance?	
Is there access to the rear of the premises?	
Is the address fortified? (Substantial locks? Security gate? Barred windows?)	
Are there any weapons in the house (other than normal household items)? If so, what?	

**Risk Assessment Options****Option 1**

Atlas Court create an RWD incident. Pass to the relevant duty Sergeant on patrol for their attention and information only. Previous Incidents at address, Police National Computer and local intelligence checks to be carried out at discretion of supervisors.

**Option 2**

Incident created. Police National Computer and local intelligence checks carried out on address and nominal details given. Previous incidents checked. The Duty Sergeant to liaise, where appropriate, with AMHP and internal colleagues, to make a decision on the SYP deployment.

**Option 3**

Incident created. Police National Computer and local intelligence checks carried out on address and nominal details given. Previous incidents checked. The Duty Sergeant to liaise, where appropriate, with AMHP and internal colleagues to make a decision on the SYP deployment.

Liaison with Force Incident Manager/Duty Inspector may be required to make decisions on resources deployed and any specialist resources. May require a police risk assessment to be carried out.

Expected outcomes to be discussed and agreed, together with incident command structures and individual roles. If level of concern is sufficiently severe, then AMHP should give consideration to a S135 Warrant application.

**Conveyance Flowchart**

