



# Policy:

## **NPCS 002 Conveyance and Assistance Policy for the Admission of Patients Detained Under the Mental Health Act 1983 to Hospital.**

Executive or Associate Director lead	Executive Director Nursing, Professions and Care Standards)
Policy author/ lead	Lead Professional, Social Work, Community - Communities Management
Feedback on implementation to	Lead Professional, Social Work, Community - Communities Management

Document type	Policy
Document status	V1
Date of initial draft	October 2016
Date of consultation	November – December 2016
Date of verification	December 2016
Date of ratification	19 October 2017
Ratified by	Executive Directors' Group
Date of issue	20 October 2017
Date for review	October 2020

Target audience	Mental Health (MH) and Learning Disabilities (LD) Clinical Staff / MHA Office / South Yorkshire Police / Humberside Police / Yorkshire Ambulance Service
-----------------	--

Keywords	Police, assistance, conveyance, admission, patients, detained, Mental Health Act, hospital
----------	--

### **Policy Version and advice on document history, availability and storage**

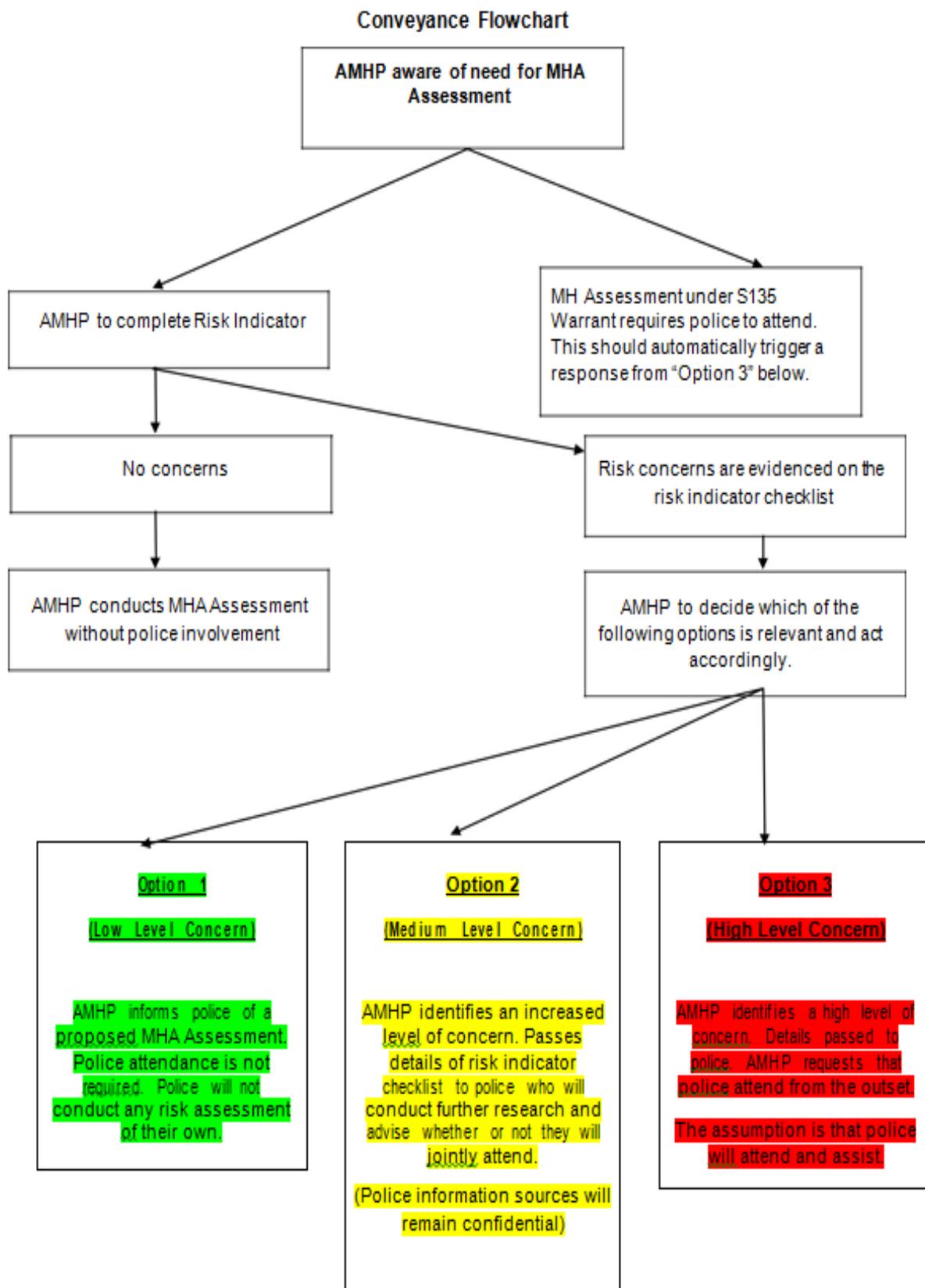
Version 1, This is a new policy.

This policy will be available to all staff via the Sheffield Health & Social Care NHS Foundation Trust Intranet and on the Trust's website. Word and pdf copies of the current version of this policy are also available via the Director of Corporate Governance.

## Contents

Section		Page
1	Conveyance Flowchart	1
2	Introduction	2
3	Scope	3
4	Definitions	3
5	Purpose	3
6	Duties	4
7	Process	6
	7.1 Who has the authority to convey the patient?	6
	7.2 Who is authorised to convey the patient?	6
	7.3 AMHP Responsibilities	7
	7.4 Police Responsibilities	11
	7.5 Ambulance Responsibilities	12
	7.6 Restraint	12
	7.7 Geographical boundaries in relation to conveyance	13
	7.8 Out of Area patients	13
	7.9 Patients requiring specialist placements	14
	7.10 Other situations where conveyance will be required	14
8	Dissemination, storage and archiving	15
9	Training and other resource implications	15
10	Audit, monitoring and review	16
11	Implementation plan	16
12	Links to other policies, standards and legislation (associated documents)	17
13	Contact details	17
14	References	17
Appendices	Appendix A – Version Control and Amendment Log	18
	Appendix B – Dissemination Record	19
	Appendix C – Equality Impact Assessment Form	20
	Appendix D - Human Rights Act Assessment Checklist	21
	Appendix E – Development, Consultation and Verification Record	23
	Appendix F – Policy Checklist	24
	Appendix G – Delegation Of Authority To Convey	26
	Appendix H - Information required by Ambulance Service during booking	27
	Appendix I – Risk Assessment Options	28
	Appendix J – Alternative Transport Providers	29

# 1. Flowchart



## 2. Introduction

The 2015 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 provides guidance for ambulance service personnel, medical and/or other healthcare practitioners, Approved Mental Health Professionals (AMHPs) and police officers.

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.

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 1983), the Department of Health issued 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.

Related sections of the Code of Practice are

14.47-14.48, pg 421, CoP 2015 'Police Assistance for people undertaking assessments with a view to applications under the Act':

'Local authorities, providers and police forces should have locally agreed arrangements for the circumstances in which the police should be asked to provide assistance to AMHPs and doctors undertaking assessments'

14.80 'Joint local policies for admission to hospital':

'Local authorities, providers, NHS commissioners, police forces and ambulance forces should ensure that they have in place a clear joint policy for the safe and appropriate admission of people in their local area agreed at Board or Board-equivalent level by each party and each party should appoint a named senior lead ('senior lead').

17.25 – 17.28 'Transporting of patients under the Act':

'Relevant authorities, including NHS commissioners responsible for hospitals, ambulance and transport services, NHS-funded providers and the police should agree joint local policies and procedures for transporting patients under the Act, setting out clearly the respective responsibilities of the different agencies and services providers.'

Sheffield Health and Social Care will work closely with 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 agencies include:

- Sheffield City Council

- Rotherham Metropolitan Borough Council
- Doncaster Metropolitan Borough Council
- North Lincolnshire Council
- South Yorkshire Police
- Other Police Forces as relevant
- Yorkshire Ambulance Service
- East Midlands Ambulance Service
- Rotherham Doncaster and South Humber NHS Foundation Trust

### 3. **Scope**

The original Rotherham Policy included all of the above partner agencies apart from Sheffield Health and Social Care Trust and Sheffield City Council. The conveyance sub group of the regional Police and Mental Health strategy group has been tasked with updated the South Yorkshire conveyance policy. This policy is an interim measure and is relevant to the personnel of SHSC, Sheffield City Council South Yorkshire Police and Yorkshire 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. **Definitions**

**Approved Mental Health Professional (AMHP)** is a social worker or other professional approved by a local authority to carry out a variety of functions under the Act.

### 5. **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.

## 6. Duties

The **Chief Executive** has overall responsibility for the Trust and must ensure that policies, systems and processes are in place to ensure that the Trust manages its business efficiently, effectively and safely. **The Executive Director Nursing, Professions and Care Standards** is responsible for ensuring that this policy is maintained in accordance with the Policy on Policies, implemented, updated and adhered to.

### 6.1 Approved Mental Health Professional (AMHP)

The Approved Mental Health Professional (AMHP) is responsible for leading all matters relating to the conveyance of patients who are liable to be detained under the MHA 1983. It is the responsibility of the AMHP to carefully consider the following factors when deciding on the most appropriate method for transporting a patient:

When deciding on the most appropriate method for transporting a patient, the **Approved Mental Health Professional (AMHP)** will take the lead. Factors to be taken into account include (17.6):

- the availability of different transport options
- the distance to be travelled
- the wishes and views of the patient, including any relevant statement of those views or wishes made in advance
- the patient's age and gender
- cultural sensitivities
- any physical disability the patient has
- any risks to the health and safety of the patient – including their need for support, supervision and clinical care or monitoring during the journey. This is particularly important where sedation has been or may be used
- the nature of the patient's mental disorder and their current state of mind
- the likelihood of the patient behaving in a violent or dangerous manner
- the health and safety of the people transporting the patient and anyone else accompanying them
- the likelihood that the patient may attempt to abscond and the risk of harm to the patient or other people were that to happen
- the impact that any particular method of transporting the patient will have on the patient's relationship with the community to which they will return
- the effect on the patient of who accompanies them (e.g. whether the presence of the approved mental health professional (AMHP) or one of the doctors involved in the decision to detain them may have a detrimental effect)
- the availability of transport to return those who accompany the patient, and whether an alternative to transporting the patient is available and appropriate e.g. video conferencing for a court appearance.

### 6.2 Medical Practitioner

A medical practitioner is a doctor who may have been involved in making a recommendation to detain a patient and may or may not be approved under s12 MHA. They are able to prescribe necessary medication and advise in respect of the treatment and monitoring of a patient.

Patients who have been sedated before being transported should always be accompanied by a health professional who is knowledgeable in the care of such patients (17.7 CoP)

### 6.3 Directorate responsibilities

Directorates are responsible for ensuring that recommendations from the Care Quality Commission are fully implemented in relation to the Mental Health Act.

### 6.4 SHSC - Mental Health Act Committee

The Mental Health Act Committee's role is to:

- Monitor the use of the Mental Health Act in the Trust, contribute to the review of policies and procedures in relation to Mental Health Act issues and the Mental Health Act Action Plan as required by the Care Quality Commission.
- Consider matters of good practice, and in particular the requirements of the Revised Code of Practice Mental Health Act 1983, and make proposals for policy changes to the Executive Directors Group
- Give advice to Clinical Directors to ensure recommendations from the Care Quality Commission are implemented, when necessary
- Consider issues arising out of the Section 75 Partnership Agreement with the Local Authority.

It will be the *Directorates' responsibility* for ensuring that recommendations from the Care Quality Commission are fully implemented in relation to *the Mental Health Act*.

### 6.5 Multi-Agency Commitment

There is a multi-agency Crisis care concordat for Sheffield. This concordat outlines how services should work together to support service users in crisis.

**6.5.1 Sheffield Health and Social Care 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. SHSC 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.

**6.5.2 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.

**6.5.3 Sheffield City 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.

**6.5.4 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.

## **7. Process**

### **7.1 Who has the authority to convey the patient?**

**This applies in all cases where patients are compulsorily conveyed under the MHA 1983 (Chapter 17, MHA Code of Practice, 2015).**

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 the 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.

### **7.2 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 (*17.6 states 'when deciding on the most appropriate method for transporting a patient'*).

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 I](#).

The detained patient should never be conveyed by private car, unless this is considered 'the most appropriate method' - 17.17 states transport '.....by private vehicle only if they are satisfied that the patient and others will be safe from risk of harm.....there should be a medical escort for the patient other than the driver.'

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 G.

17.8 CoP: 'People authorised by the applicant to transport patients act in their own right and not as the agent of the applicant. They may act on their own initiative to restrain patients and prevent them from absconding, if absolutely necessary. When they are the applicant, AMHPs retain a professional responsibility to ensure that the patient is transported in a lawful and humane manner and should give guidance to those asked to assist.'

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 (2005) 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 MHA 1983, then this grants powers to use reasonable force if required.

## **7.3 AMHP responsibilities**

### **7.3.1 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.

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 J). 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 clarify the desired level of police support with the call handler. 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 AMHP must ensure that the Police are informed. This will enable the rapid and appropriate deployment of resources to assist when required.

It is the AMHP's 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.

### **7.3.2 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;
- AMHPs 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.

### **7.3.3 Arranging for the conveyance of the patient**

As soon as it becomes clear that NHS transport is required, the AMHP should contact Yorkshire Ambulance Service Emergency Operations Centre on 0300 330 0244, giving as much detail as possible (see [Appendix H](#)).

**NB: The AMHP should make it clear at this stage, to the emergency services call centre, as to whether the Police are or are not required to attend. The call centre staff will then pass this information to the Ambulance crew and advise if they can proceed directly to the address.**

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.

Please refer to [Appendix J](#) for a list of approved providers should Yorkshire Ambulance Service be unable to respond to your request for conveyance.

#### **7.3.4 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 G).

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. 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 G](#).

#### **7.3.5 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 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.

### 7.3.6 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 1983 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 the patient.

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.

### 7.3.7 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 (17.7 CoP).

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.

### **7.3.8 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.

### **7.3.9 Transfer of the patient into hospital services**

Hospital services in this definition could be an acute hospital, accident and emergency department, mental health unit or similar.

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 Report) is given to the appropriate hospital personnel;
- The patient has been receipted into the care of the hospital.

## **7.4 Police Responsibilities**

### **7.4.1 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 person's 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.

## **7.5 Ambulance Responsibilities**

### **7.5.1 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.

## **7.6 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 assessment(s) and the AMHP assessment.

All AMHPs must work in line with the SHSC 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 to

maintain the safety of the staff and others involved in the conveyance arrangements. Ambulance staff have not been trained in restraint and therefore they may be required to call Police assistance if necessary. The circumstances and reasons for doing this must be recorded in the Mental Health Act assessment documentation.

## **7.7 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 SHSC, NHS transport services are provided by the Yorkshire Ambulance Service

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.

## **7.8 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 Clinical Commissioning Group 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, AMVALE) 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.

## **7.9 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 SHSC 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. Please see policy on Admission of 16-17 years old. [Sheffield Intranet - Policies](#)

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

### **7.10.1 Section 135 (1) of the Mental Health Act 1983**

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.

### **7.10.2 Section 135 (2) of the Mental Health Act 1983**

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 a Community Treatment Order (CTO), 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.

### **7.10.3 Section 17/CTO – 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.

### **7.10.4 CTO – recall**

In the situation where a CTO 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.

## **8. Dissemination, storage and archiving (Control)**

This policy will be available to all staff via the Sheffield Health & Social Care NHS Foundation Trust Intranet and on the Trust's website. A communication will be issued to all staff via the Communication Digest immediately following publication. Word and pdf copies of the current version of this policy are also available via the Director of Corporate Governance.

This is the first version of this policy and does not replace any policy document.

## **9. Training and other resource 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 Police personnel and Yorkshire Ambulance personnel, NHS-funded providers and any other individual or group with a responsibility for implementing the contents of this policy.

Work is underway for the South Yorkshire wide conveyance police; the purpose of this policy is to provide interim guidance for the workers in Sheffield.

## 10. Audit, monitoring and review

As noted, this policy is to be reviewed by the Task and Finish group nominated by the 'The Strategic Mental Health Partnership Board' (South Yorkshire).

<b>Monitoring Compliance Template</b>						
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
A) Policy content including duties and process	Review of policy	Lead Social Worker / Mental Health Act Committee	3 yearly (or change in Mental Health Law)	Lead Social Worker	Lead Social Worker / Mental Health Act Committee	Director of Operations and Transformation

## 11. Implementation plan

Action / Task	Responsible Person	Deadline	Progress update
Upload the revised policy onto intranet and Trust website and remove/archive the old version.	Director of Corporate Governance	Within 5 working days of ratification	
Issue a communication to front line staff and Managers via communication digest	Director of Corporate Governance	Within 5 working days of issue	
Ask the Education, Training and Development team to review the policy to update future training	Director of Corporate Governance	Within 5 working days of issue	

## 12. Links to other policies, standards and legislation (associated documents)

Aggression and Violence Policy  
Mental Capacity Act Policy  
Procedure on the receipt and scrutiny of section papers  
Admission of 16-17 years olds

## 13. Contacts

<b><i>Title</i></b>	<b><i>Name</i></b>	<b><i>Phone</i></b>	<b><i>Email</i></b>
Lead Professional, Social Work, Community - Communities Management	Julia Walsh	0114 3050716	<a href="mailto:Julia.Walsh@shsc.nhs.uk">Julia.Walsh@shsc.nhs.uk</a>
On Call Manager (Out of Hours)	Identified through Switchboard	01142716310	All contact through telephone

## 14. 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
- Mental Capacity Act 2005
- 

Guidance:

- Mental Health Act – Code of Practice 2015 (particularly chapter 17)
- 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) – MHA 1983
- Approved Mental Health Professional: Section 145 (1) – MHA 1983
- Community Treatment: Section 17A – MHA 1983
- Nearest Relative: Section 26 (3) Patient – MHA 1983

Case law:

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

## Appendix A – Version Control and Amendment Log

<b>Version No.</b>	<b>Type of Change</b>	<b>Date</b>	<b>Description of change(s)</b>
0.1	New draft policy created	Oct 2016	
0.2	Reformatted onto current policy template	Nov 2016	Reformatted and edited onto current policy template. Circulated to MHAC for consultation and verification.
0.3	Ratification, finalisation and issue	TBC	Ratification, finalisation and issue.
1.0	Amendment and update	August 2017	Minor amendments

## Appendix B – Dissemination Record

Version	Date on website (intranet and internet)	Date of “all SHSC staff” email	Any other promotion/ dissemination (include dates)
1.0	TBC	via Communications Digest	Discussion at AMHP Forum2.0
1.0	Tbc	Tbc	Discussion at AMHP Forum Discussion at Inpatient Forum

# Appendix C – Stage One Equality Impact Assessment Form

## Equality Impact Assessment Process for Policies Developed Under the Policy on Policies

**Stage 1** – Complete draft policy

**Stage 2 – Relevance** - Is the policy potentially relevant to equality i.e. will this policy potentially impact on staff, patients or the public? If **NO** – No further action required – please sign and date the following statement. If **YES** – proceed to stage 3

This policy does not impact on staff, patients or the public (insert name and date)

**Stage 3 – Policy Screening** - 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 on equality impact assessment for examples and detailed advice. This is available by logging-on to the Intranet first and then following this link [https://www.xct.nhs.uk/widget.php?wdg=wdg\\_general\\_info&page=464](https://www.xct.nhs.uk/widget.php?wdg=wdg_general_info&page=464)

	Does any aspect of this policy actually 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?
<b>AGE</b>	no		
<b>DISABILITY</b>	no		
<b>GENDER REASSIGNMENT</b>	no		
<b>PREGNANCY AND MATERNITY</b>	no		
<b>RACE</b>	no		
<b>RELIGION OR BELIEF</b>	no		
<b>SEX</b>	no		
<b>SEXUAL ORIENTATION</b>	no		

**Stage 4 – Policy Revision** - Make amendments to the policy or identify any remedial action required (action should be noted in the policy implementation plan section)

Please delete as appropriate: Policy Amended / Action Identified / no changes made.

Impact Assessment Completed by (insert name and date)

Anne Cook 26.02.2017

## Appendix D - Human Rights Act Assessment Form and Flowchart

You need to be confident that no aspect of this policy breaches a person's Human Rights. You can assume that if a policy is directly based on a law or national policy it will not therefore breach Human Rights.

If the policy or any procedures in the policy, are based on a local decision which impact on individuals, then you will need to make sure their human rights are not breached. To do this, you will need to refer to the more detailed guidance that is available on the SHSC web site

<http://www.justice.gov.uk/downloads/human-rights/act-studyguide.pdf>

(relevant sections numbers are referenced in grey boxes on diagram) and work through the flow chart on the next page.

**1. Is your policy based on and in line with the current law (including case law) or policy?**

**Yes. No further action needed.**

**No. Work through the flow diagram over the page and then answer questions 2 and 3 below.**

**2. On completion of flow diagram – is further action needed?**

**No, no further action needed.**

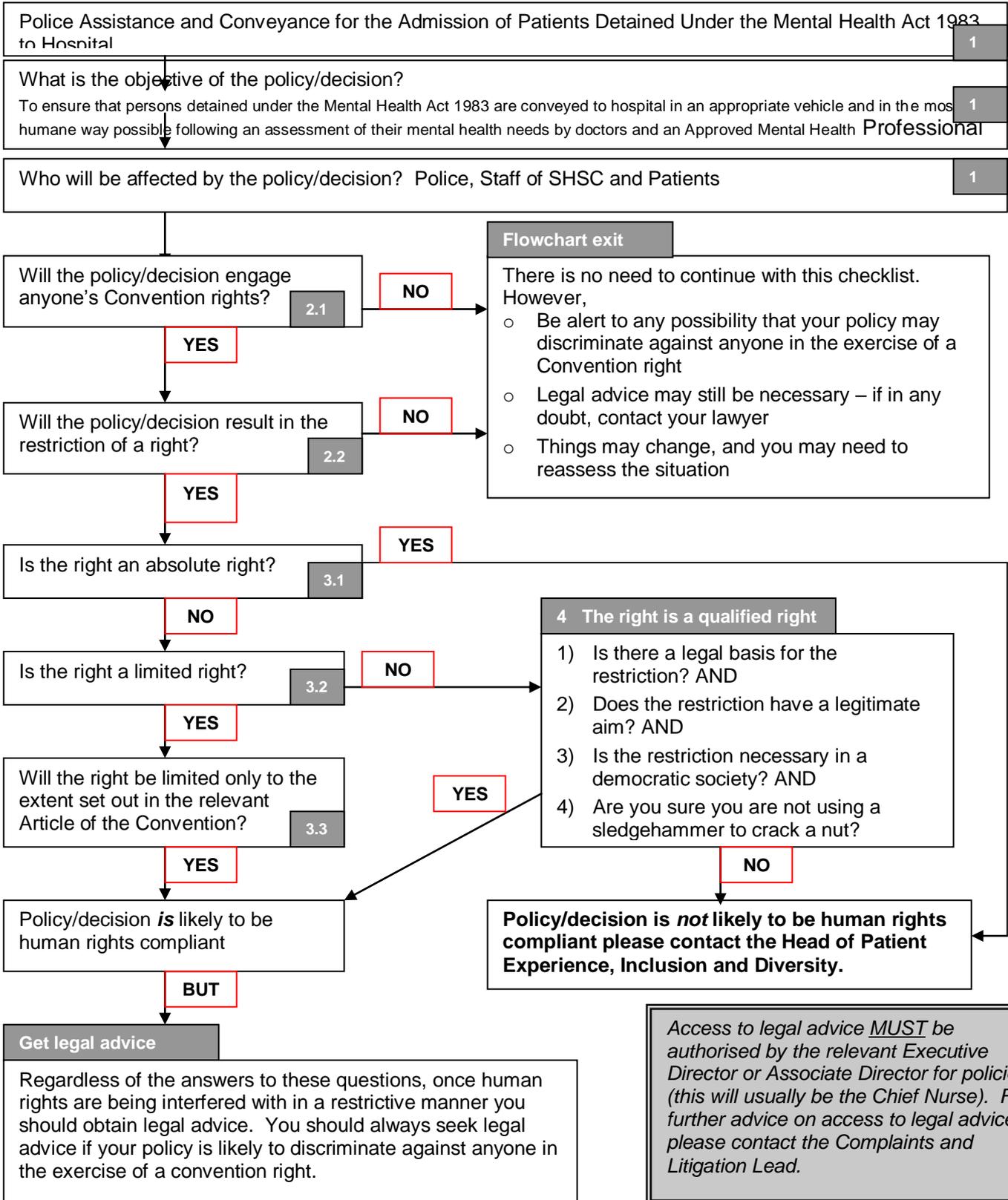
**Yes, go to question 3**

**3. Complete the table below to provide details of the actions required**

Action required	By what date	Responsible Person

**Human Rights Assessment Flow Chart**

Complete text answers in boxes 1.1 – 1.3 and highlight your path through the flowchart by filling the YES/NO boxes red (do this by clicking on the YES/NO text boxes and then from the Format menu on the toolbar, choose 'Format Text Box' and choose red from the Fill colour option). **Once the flowchart is completed, return to the previous page to complete the Human Rights Act Assessment Form.**



## **Appendix E – Development, Consultation and Verification**

This policy was developed with partner agencies including Social Work Consultant, MHA Manager, South Yorkshire Police, Humberside Police and, Yorkshire Ambulance Service

Consultation:

The draft was circulated to Mental Health Act Committee for consultation.

Verification: Agreed by the Inpatient Directorate Senior Management Team.



<b>Monitoring Compliance Template</b>						
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
A) Describe which aspect this is monitoring?	e.g. Review, audit	e.g. Education & Training Steering Group	e.g. Annual	e.g. Quality Assurance Committee	e.g. Education & Training Steering Group	e.g. Quality Assurance Committee

- 13. Implementation plan
- 14. Links to other policies (associated documents)
- 15. Contact details
- 16. References
- 17. Version control and amendment log (Appendix A)
- 18. Dissemination Record (Appendix B)
- 19. Equality Impact Assessment Form (Appendix C)
- 20. Human Rights Act Assessment Checklist (Appendix D)
- 21. Policy development and consultation process (Appendix E)
- 22. Policy Checklist (Appendix F)



**Appendix G - 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:..... (Work Address)

.....

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

Date authority issued: .....

Date authority expires: .....

YAS Emergency Operations Centre – Number for Healthcare Professionals

0300 330 0244

Do not disclose this number to members of the public.

Press 1 for a life threatening emergency or 2 for a 1 to 4 hours response.

Press 1 to have your call dealt with as a medical emergency, e.g. chest pain, difficulty breathing or O/D.

What is the reason for admission?

Compulsory admission under section [x] of the Mental Health Act

Is a Health Care Professional with the patient?

Yes

Do you have an AED with the patient?

No

Does this condition present an immediate threat to life?

No

In exceptional circumstances where a two hour response would be detrimental to the patient then answer "No but with lights & sirens" which will prompt an ambulance response within 30 minutes. AMHPs are asked to balance the safety implications of a blue light response against the risk to their patient when considering this option.

We will be responding within the next 4 hours, unless another resource is available sooner.

No – request 2 hour response

Would an A&E Support Crew response be appropriate?

No – A&E crew required

The following additional information will be required:

- Patient name, age, date of birth and gender.
- Address ambulance is to attend.
- Address patient is to be conveyed to.
- Name and contact telephone number of the person making the booking.
- Does the patient require any assistance e.g. a wheelchair or stretcher.
- Does the patient require Medical Intervention?
- Is the patient ready to travel immediately?
  - Has the paperwork been signed?
  - Are the police required or present on scene?
  - Has sedation been given, and what is its expected duration of effect?



Sheffield Health and Social Care NHS Foundation Trust



Yorkshire Ambulance Service NHS Trust

An Aspirant Foundation Trust

## **APPENDIX I - Risk Assessment Options**

### **Option 1**

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 the AMHP and internal colleagues to make a decision on the deployment of SYP.

### **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 the AMHP and internal colleagues to make a decision on the deployment of SYP.

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.

Should Yorkshire Ambulance Service be unable to respond to your request for conveyance please refer to the list of companies below.

These companies are APPROVED for transporting SHSC clients

Please inform the contracts department if a company is used, so they can expect an invoice.

If a client is registered under another area (e.g. non Sheffield), please ask for written permission from the other area, so the amount can be recharged to the relevant area.

If you have any queries, contact the Contracts and Tender Management team on 2716701.

# Supplier profiles

## Lot 1: Patient Transport Services with Clinical Support

- **Amvale Transport Services Limited**  
control@amvalemedical.com | 01724 874 999
- **G4S Forensic and Medical Services (UK) Limited**  
g4sfms@uk.g4s.com | 0844 387 7744
- **Medical Services Limited**  
tenders@medicalservicesuk.com | 020 7510 4270
- **SRCL Limited**  
bidsteam@srcl.com | 0333 240 4540
- **St Johns Ambulance**  
leanne.oconnor@sja.org.uk | 020 732 44242
- **Thames Ambulance Service**  
tenders@premiercaredirect.com | 01268 512005