



Policy:

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

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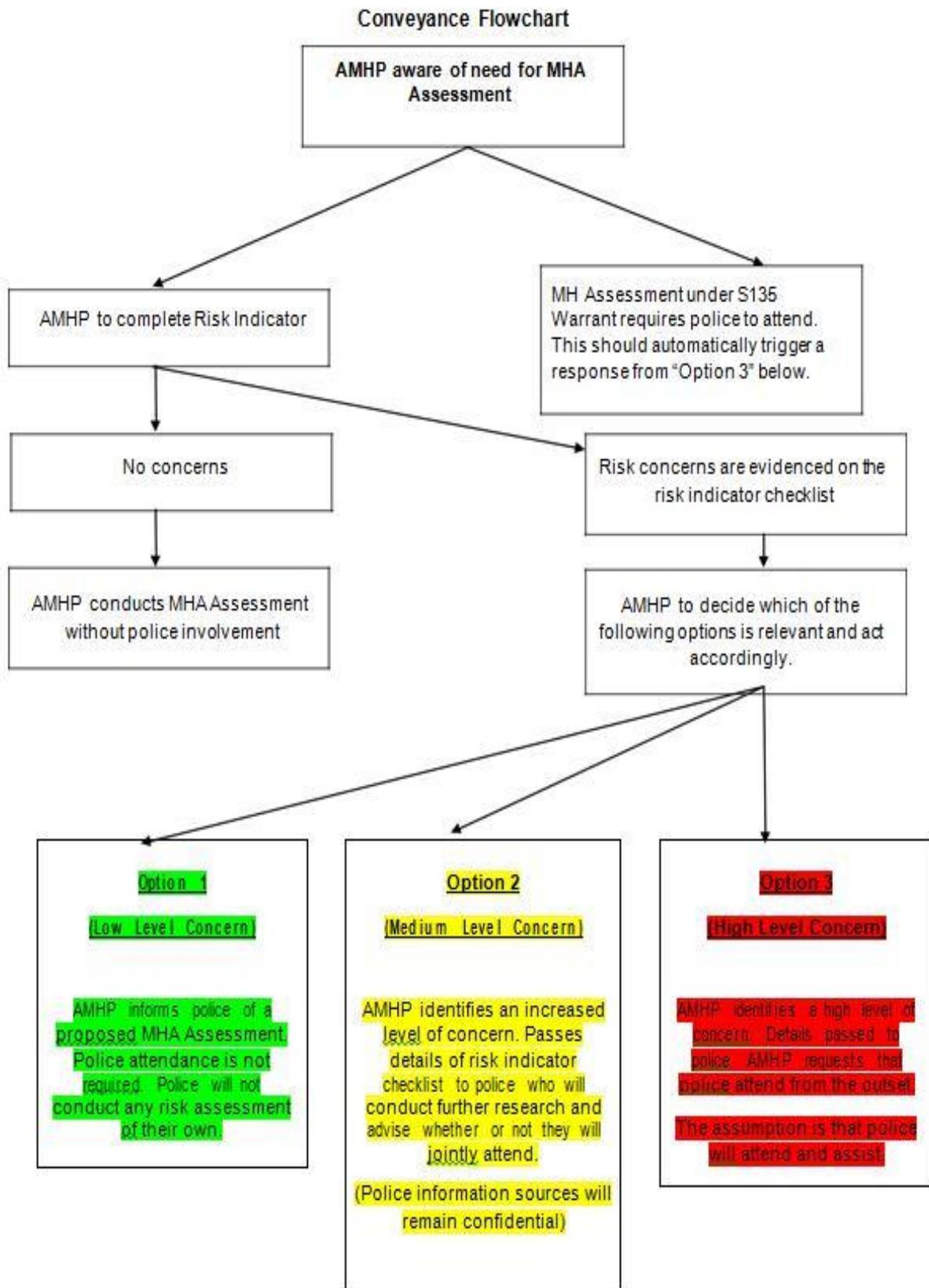
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This policy will be available to all staff via the Sheffield Health & Social Care NHS Foundation Trust Intranet and on the Trust's website. Word and pdf copies of the current version of this policy are also available via the Director of Corporate Governance.

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1. Flowchart



2. Introduction

It is essential that whenever a person, who is liable to be detained under the Mental Health Act 1983 (as amended), is conveyed between places that this is carried out in a manner which not only manages any identified risks but promotes and safeguards the person's dignity and respect. It is also important that whenever transportation of a person takes place that all those involved are aware of their roles, responsibilities and accountabilities.

In order to facilitate best practice and compliance with statutory requirements, the Mental Health Act Code of Practice requires local policies to be established regarding the transportation of those who are subject to detention under the Act. This policy is intended to meet this requirement.

The policy will be of assistance to a range of organisations and professionals including Approved Mental Health Professionals (AMHPs), the Police, Ambulance services and others.

The overall aim of this policy is:

- To ensure that persons detained under the Mental Health Act 1983 are conveyed between places in an appropriate vehicle and in the most dignified way possible

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

This policy applies to Approved Mental Health Professionals in Sheffield, s12 approved doctors and SHSC managers. It also provides guidance which is of relevance to partner agencies.

4. Definitions

Approved Mental Health Professional (AMHP) is a registered professional who has been approved by a Local Authority to carry out a variety of functions under the Act.

The Act is the Mental Health Act 1983 (as amended)

5. Purpose

It is inevitable that a person who has been made subject to compulsory powers, under the Mental Health Act, will at some point need to be conveyed/transported. This conveyance could be part of an admission to a hospital, or part of a transfer between a place of safety.

Some conveyance/transportation may be arranged in advance, whilst in many cases the transportation of patients arises at short notice and during a period of mental health crisis for the patient. There can often be different professionals and agencies involved with the transportation of a patient and so it is important that everyone involved is aware of their duties and powers. The purpose of this policy is therefore to facilitate best practice, promote interagency working, and ensure that a patient is conveyed in a manner which is most appropriate for their needs and risks whilst ensuring the respect and dignity of the patient (and relatives if present).

6. Duties

6.1 Chief Executive

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.

6.2 The Executive Director of Nursing, Professions and Care Standards

The Executive Director of 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.

6.3 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 (17.6 Code of Practice):

- 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.

6.4 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 can 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)

6.5 Directorate responsibilities

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

6.6 SHSC - Mental Health Legislation Committee

The Mental Health Legislation Committee’s role includes 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 Mental Health Act Code of Practice , 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

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*.

6.7 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.

6.8 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.

6.9 Yorkshire 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.

6.10 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.

6.11 South Yorkshire 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 when an application for a person's admission to hospital is being made?

The MHA Code of Practice stipulates that when an AMHP has made an application for admission under the Act, they have the professional responsibility to ensure that all of the relevant arrangements are made for the patient to be transported to hospital. 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 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 have all the powers of a police constable in respect of, and for the duration, of the conveyance of the patient.

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 conduct the conveyance 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'*).

The Code of Practice recognises that if a patient's behaviour is likely to be violent or dangerous, the Police should be asked to assist. When called upon to assist, the attending officers will consult with other professionals as to the most appropriate method of transporting the patient, making a joint decision based upon a dynamic joint risk assessment, [Appendix I](#).

Patients being admitted to hospital under the MHA should not be transported by private vehicle unless the AMHP agrees that the patient, and others, will be safe from harm and that in the circumstances of the case to do so is the most appropriate method of transportation. If conveyance is undertaken by private vehicle, the Code of Practice states there should be a medical escort for the patient and that such a medical escort should not be the driver.

AMHPs should ensure that if conveyance is being undertaken by private vehicle then appropriate insurance cover is in place.

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. This will reaffirm that those conducting the conveyance have the legal authority to use reasonable force (where necessary) to transport a person against their will, and to prevent absconsion.

The Code of Practice highlights that people who are authorised by the applicant to transport patients act in their own right; they do not act as the agent of the applicant. They may act on their own initiative to restrain patients and prevent them from absconding, if absolutely necessary.

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 Act, then this grants powers to use reasonable force if required.

7.3 AMHP responsibilities

7.3.1 Risk Assessment

Where the conveyance 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 with the Police and ask for assistance in the escorting of the patient to hospital.

The AMHP should also consider, prior to any MHA assessment taking place, whether Police assistance is required, under s135 of the Act.

The AMHP's 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 during conveyance

The AMHP should ensure the needs of the patient are taken into account and give 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;

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.

Circumstances may arise when Yorkshire Ambulance Service is not able to respond to a request for conveyance. In these situations, an approved private patient transfer provider may be needed to assist.

An up-to-date list of approved providers will be kept by the Central AMHP Team. Providers who are not on the approved list should not be used.

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. If the AMHP does not accompany or follow the patient to hospital, the reasons for this must be clearly documented in the AMHP's Mental Health Act Report.

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.

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 always be accompanied by a health professional who is knowledgeable in the care of such patients, is able to monitor the patient closely, identify and respond to any physical distress which may occur and has access to the necessary emergency equipment.

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 Mental Health Act Code of Practice stresses that police vehicles should only be used to transport a patient to hospital on an exceptional basis (para 17.15). The Code

does goes on to recognise, however, that occasions may arise when it is necessary to transport a patient in a police vehicle (para 17.16).

Guidance issued by South Yorkshire Police, as part of the force's Mental Health Toolkit, provides advice regarding the roles and responsibilities of the Police in relation to the conveyance of those detained under the MHA. Of relevance to this policy:

i) Transporting a person who has been detained under s136 MHA and is being taken by the Police to a place of safety.

It should be routine practice and procedure that individuals who have been detained by the Police under s136 should be taken to a place of safety by Ambulance (or other health transport which the Police have arranged). However, the individual may be transported to the place of safety in a police vehicle in cases of, for example, extreme emergency and risk of violence. Under such a circumstance, the most qualified member of the ambulance should travel with the detained individual in the Police vehicle and the Ambulance should follow behind (MH Toolkit P46; MHA CoP para 17.16)

ii) Transferring a person who has been detained under s136 between places of safety

The MHA allows for individuals who have been removed to a place of safety, by either s135(1) or s136, to be moved to a different place of safety. Such moves should only take place if it is in the individual's best interests.

The detained individual can be taken to a second or subsequent place of safety by transport arranged by a police officer, the AMHP, or a person authorised by the police or AMHP.

It is preferable that the detained individual is transferred between places of safety by means of an Ambulance as this would help to preserve the individual's dignity and privacy. However, the Police may assist in these situations by riding in the Ambulance with the detained person. In cases of extreme emergency and risks of violence, for example, the detained individual may be transferred in a police vehicle. Under such a circumstance, the most qualified member of the ambulance crew should travel in the police vehicle with the detained individual. The Ambulance should follow behind.

iii) Transferring a patient who has been detained under s2 or s3, or removal of a person to a place of safety under a s135(1) warrant

This section is about when patients have been initially detained from the community and are being conveyed to the place they are to be detained to, or when a warrant under s135(1) MHA has been executed and the person needs to be taken to a Place of Safety.

Under these circumstances, the guidance issued to the Police is that the Police may assist in the escorting of the patient by riding in the Ambulance and/or by following in a police vehicle if the patient is likely to be violent or dangerous.

The overall key message is that the use of police vehicles to convey/transport a person under the MHA should only be considered when the patient is violent, dangerous or a matter of extreme urgency.

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.

Circumstances may arise when mental health professionals are of the view that the attendance and support from the Police is required to help manage risk. Guidance issued to the Police has included a mnemonic to help establish whether risks exist which may require support, by the Police, for health/social care processes. These are known as the 'RAVE' risks:

Resistance
Aggression
Violence
Escape

If an AMHP, or indeed any other mental health professional, identifies any of the 'RAVE' risks they need to be highlighting these to the Police.

When responding to incidents related to mental health, 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 and when in line with local policy and national guidance. 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.

Where there is a risk of violence or harm to persons or property, and the police have assisted with the conveyance of 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

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 an approved private provider 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

This is 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.

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.

10. Audit, Monitoring and Review

Monitoring Compliance Template						
Minimum Requirement	Process for Monitoring	Responsible Individual/group/committee	Frequency of Monitoring	Review of Results process (e.g. who does this?)	Responsible Individual/group/committee for action plan development	Responsible Individual/group/committee for action plan monitoring and implementation
A) Policy content including duties and process	Review of policy	Lead Social Worker / Mental Health Legislation Committee	3 yearly (or change in Mental Health Law or national policy/guidance)	Lead Social Worker	Lead Social Worker / Mental Health Legislation 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
Mental Health Act 1983 (as amended)
Mental Health Act Code of Practice

13. Contacts

<i>Title</i>	<i>Name</i>	<i>Phone</i>	<i>Email</i>
Lead Professional, Social Work and Social Care, Clinical Services Management Team	Jamie Middleton	0114 271 8110	jamie.middleton@shsc.nhs.uk
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

Version No.	Type of Change	Date	Description of change(s)
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
2.0	Policy reviewed and updated	August 2020	Repetitions deleted. Some items restructured/moved into more appropriate sections. Addition of requirement to ensure appropriate motor insurance is in place if conveying a patient; references to Mental Health Act Committee changed to Mental Health Legislation Committee. Appendix containing list of approved private transport providers removed; addition of guidance issued by the Police regarding when Police assistance is provided, including addition of RAVE risks. Policy writer contact details updated.

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://nww.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?
AGE	No		
DISABILITY	No		
GENDER REASSIGNMENT	No		
PREGNANCY AND MATERNITY	No		
RACE	No		
RELIGION OR BELIEF	No		
SEX	No		
SEXUAL ORIENTATION	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)

Jamie Middleton, 20.8.20

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

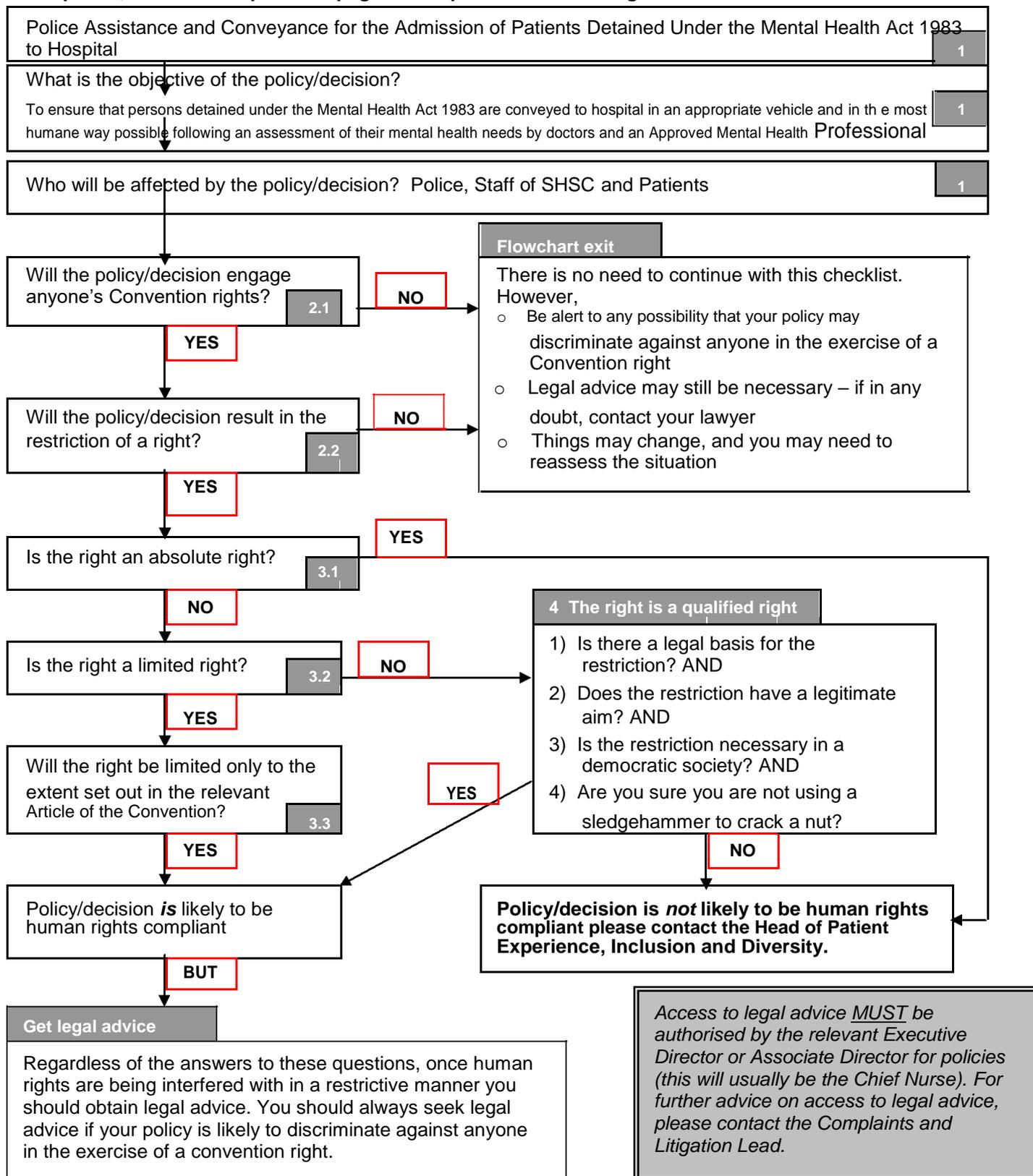
3. Complete the table below to provide details of the actions required.

C

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

The initial policy was developed with partner agencies including Social Work Consultant, MHA Manager, South Yorkshire Police, Humberside Police and, Yorkshire Ambulance Service. Policy developed based upon requirements of Mental Health Act Code of Practice. Guidance contained within South Yorkshire Police Mental Health Toolkit 2018 considered.

Consultation:

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

Verification: Agreed by the Inpatient Directorate Senior Management Team.

Review/New Policy Checklist

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

		Tick to confirm
Engagement		
1.	Is the Executive Lead sighted on the development/review of the policy?	√
2.	Is the local Policy Champion member sighted on the development/review of the policy?	√
Development and Consultation		
3.	If the policy is a new policy, has the development of the policy been approved through the Case for Need approval process?	N/A
4.	Is there evidence of consultation with all relevant services, partners and other relevant bodies?	√
5.	Has the policy been discussed and agreed by the local governance groups?	√
6.	Have any relevant recommendations from Internal Audit or other relevant bodies been taken into account in preparing the policy?	√
Template Compliance		
7.	Has the version control/storage section been updated?	√
8.	Is the policy title clear and unambiguous?	√
9.	Is the policy in Arial font 12?	√
10.	Have page numbers been inserted?	√
11.	Has the policy been quality checked for spelling errors, links, accuracy?	√
Policy Content		
12.	Is the purpose of the policy clear?	√
13.	Does the policy comply with requirements of the CQC or other relevant bodies? (where appropriate)	√
14.	Does the policy reflect changes as a result of lessons identified from incidents, complaints, near misses, etc.?	√
15.	Where appropriate, does the policy contain a list of definitions of terms used?	√
16.	Does the policy include any references to other associated policies and key documents?	√
17.	Has the EIA Form been completed (Appendix 1)?	√
Dissemination, Implementation, Review and Audit Compliance		
18.	Does the dissemination plan identify how the policy will be implemented?	√
19.	Does the dissemination plan include the necessary training/support to ensure compliance?	√
20.	Is there a plan to: <ul style="list-style-type: none"> i. review ii. audit compliance with the document? 	√
21.	Is the review date identified, and is it appropriate and justifiable?	√

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 approved companies which is held by the Central AMHP Team.

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.