



Conveyance of Patients – S6 Mental Health Act 1983

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KEY POLICY POINTS

- Multi agency policy demonstrating commitment by Sussex Partnership NHS Foundation Trust, Sussex Police, South East Coast Ambulance Service NHS Foundation Trust and Local Authorities of East and West Sussex and Brighton & Hove.
- Guidance to Managers and staff undertaking duties concerning conveyance following Mental Health Act assessment.
- Provides the legal framework which underpins the duties and responsibilities.
- Describes the process of conveyance of patients to hospital following assessment under the MHA.
- Describes professional duties of Approved Mental Health Professionals who lead in arranging conveyance and confirms the right of delegation to another agency.
- Describes the responsibility of South East Coast Ambulance Service NHS Foundation Trust in providing conveyance within a reasonable and agreed time frame.
- Describes the role of Sussex Police when assistance is required because of potential risk posed by patient.
- Gives guidance on use of restraint.
- Provides guidance on out of area conveyance and responsibilities.
- Describes the monitoring and review process through multi agency meetings.

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Foreword

In accordance with Section 118 of the Mental Health Act 1983 (referred to subsequently as the MHA), the Department of Health issued a Code of Practice (2008) to provide guidance for managers and staff of Health and Social Services in undertaking duties under the Act.

The code requires statutory agencies to draw up policies for a number of duties under the MHA. Among these is the jointly agreed policy for the conveyance of patients, which follows.

The conveyance of patients' policy has been revised to incorporate the changes to the MHA and represents good practice in inter-agency co-operation. This new version of the policy has been negotiated across Sussex between East and West Sussex Social Services, Brighton & Hove Social Services, Sussex Police, Sussex Partnership NHS Foundation Trust and South East Coast Ambulance Service NHS Foundation Trust. The need to revise the policy has provided a welcome opportunity for the agencies involved in conveying detained patients to restate their commitment to constantly improving speed, efficiency and dignity with which people subject to the MHA are treated. The implementation of this policy will be regularly monitored by a standing multi-agency group.

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CONTENTS	Page
KEY POLICY POINTS	1
FOREWORD	3
1. Introduction	5
2. Commitment of signatory bodies	5
3. Legal framework	6
4. Policy	6
5. Roles and Responsibilities	7
6. South East Coast Ambulance Service NHS Foundation Trust response	11
7. Restraint	11
8. Out of Area Hospital Admission	12
9. Monitoring and Review	13
Appendix A: Legal Context	14
Appendix B: Risk Indicator Guidance	15
Appendix C: Delegation of Authority to Convey	17

1. INTRODUCTION

1.1 The MHA Code of Practice (2008) requires Local Social Services Authorities (defined in s145 (1) MHA), the NHS and the local Police Authority to establish a clear policy for the use of the powers to convey a person to hospital under s6 (1) MHA.

1.2 This policy and procedures outline the roles and responsibilities of each of the organisations that are the signatory bodies. This policy and procedures therefore provide guidance for ambulance service personnel, medical and/or other healthcare practitioners, Approved Mental Health Professionals (AMHPs - as defined in S114 Mental Health Act) and police officers.

1.3 This policy and procedures reflect the requirements of:

- South East Coast Ambulance Service NHS Foundation Trust (SECamb)
- Sussex Partnership NHS Foundation Trust
- Brighton and Hove City Council
- East Sussex County Council
- West Sussex County Council
- Sussex Police
- Reliance Medical Services

1.4 The overall aim of this policy and procedures is:

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

1.5 This document has been prepared by the pan-Sussex Mental Health Act Monitoring Committee. All the signatory bodies associated with this policy and procedures are members of this standing committee. This document replaces the previous policy and procedures.

2. COMMITMENT OF SIGNATORY BODIES

2.1 **South East Coast Ambulance NHS Foundation Trust** will exercise its authority to convey under s6 (1) MHA using the most appropriate vehicle for the presenting circumstances. All MHA requests for conveyance under this policy will be graded as requiring an urgent response unless exceptional clinical circumstances merit a more immediate level of response.

2.2 **Sussex Partnership NHS Foundation Trust** recognises the importance of multi-agency work under the MHA. The Trust is committed to providing an efficient and effective response to requests for support and/or assessment. Sussex Partnership 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 procedures.

- 2.3 **Brighton and Hove City Council, East Sussex County Council and West Sussex County Council** will make available AMHPs under s114 MHA for the purposes of activity under this policy and procedures as appropriate. Brighton and Hove City Council, East Sussex County Council and West Sussex County Council commit themselves to providing an efficient and responsive 24-hour AMHP Service. During working hours an AMHP will be provided by the local AMHP rota service and by the relevant local out of hours service at all other times.
- 2.4 **Sussex Police** recognises the importance of multi-agency work under the MHA and in particular, with supporting South East Coast Ambulance Service NHS Foundation Trust in the delivery of its conveyance responsibilities.
- 2.5 **Reliance Medical Services** will ensure that where its services are required, both forensic nurse practitioners and forensic medical examiners are familiar with this operational guidance. This will be particularly in relation to the provision of ongoing medical care for people leaving a police station custody centre and being conveyed to hospital in a vehicle supplied by South East Coast Ambulance NHS Foundation Trust.

3. **LEGAL FRAMEWORK**

- 3.1 The relevant legislation supporting this policy is set out in Appendix A.

4. **POLICY**

- 4.1 A properly completed application for admission under the MHA, together with the required medical recommendations, gives the applicant (an AMHP or the Nearest Relative – as defined in s26 (3) MHA) the authority to convey the patient to hospital.
- 4.2 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 (see paragraph 5.5 below).
- 4.3 AMHPs authorised to convey under the MHA will have all the powers of a police constable in respect of, and for the duration, of the conveyance of the patient.
- 4.4 All patients subject to an application for admission under the Act will be conveyed to hospital by SECamb using an appropriate vehicle and staff. In situations where the risk of injury to patients or staff is likely, the assistance of Sussex Police may be required. The use of a police van should be considered if the patient is violent or threatening harm to self or others.
- 4.5 The car driver must have appropriate car insurance cover, e.g. in East Sussex there is a directive that AMHPs are NOT to convey in own vehicle.
- 4.6 The patient should only be conveyed by private car in **exceptional** circumstances *and* if the AMHP is satisfied that the patient does not present a danger to themselves or others. There should be at least one escort for the

patient other than the driver. The AMHP will be required to undertake a thorough risk assessment prior to conveying the patient, including a clear rationale for not using an ambulance. They will need to consider what form of transport would be most appropriate i.e. AMHP car, hospital car, taxi or relative's car, and consider the management of conveying such as: locked doors, number of escorts, and distance of journey etc.

- 4.7 Where a patient, previously admitted to hospital is returned to that hospital from s17 MHA leave or s17A supervised community treatment, the expectation is that the patient will be conveyed by a Sussex Partnership NHS Foundation Trust member.
- 4.8 If the assistance of SECamb is requested, it will use the most appropriate vehicle available. Any person escorting a patient is responsible for organising transport back to their starting point.
- 4.9 Where a patient is subject to s17 Mental Health Act leave or supervised community treatment and is non-compliant with the care plan and needs to be returned to hospital, the Responsible Clinician (defined in s34 (1) MHA), or other staff acting on his/her behalf, will need to decide the most appropriate conveyance required, and co-ordinate the agencies to effect the recall to hospital.
- 4.10 Where a member of the public has had a s135 (1) MHA warrant served on them, and is required to be conveyed to a hospital subject to detention under the MHA, or to a place of safety for the purpose of a full MHA assessment, the organising of the conveyance arrangements will be the responsibility of the AMHP.
- 4.11 Where a detained patient has absented themselves from hospital and is to be returned following a s135 (2) MHA warrant, the most appropriate conveyance arrangement will be organised by any person authorised by Sussex Partnership NHS Foundation Trust. It is not the responsibility of the AMHP although they will give guidance if required. (Refer to Multi Agency Absence Without Leave policy).
- 4.12 If a patient liable to detention absconds prior to conveyance to hospital the AMHP may need a s135 (2) MHA warrant and will be responsible for arranging the most appropriate transport to hospital.

5. ROLES AND RESPONSIBILITIES

- 5.1 The AMHP will take the lead in all matters relating to conveyance to hospital of patients who are liable to be detained under the MHA. The AMHP will consult appropriately with staff from other agencies.
- 5.2 The AMHP will establish the most appropriate conveyance arrangements. This will include an assessment of risks needing consideration when conveying the patient to hospital. See Appendix B for further information. The risk assessment will be shared with SECamb, Sussex Police, and other colleagues. The risk assessment will be formally recorded.

- 5.3 Where 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.
- 5.4 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 SECamb well in advance and prior to signing any MHA statutory paperwork.
- 5.5 The AMHP should ensure the needs of the patient are taken into account (see above, paragraph 4.2) and give particular consideration to:
- The patient's wishes.
 - The views of relatives or friend(s) involved with the patient.
 - The views of other professionals involved in the application who know the patient.
 - His or her judgment of the patient's state of mind, and the likelihood of the patient behaving in a violent or dangerous manner.
 - Previous experience of conveying the patient.
 - The impact that the use of a police vehicle may have on the patient's relationship with the community to which he or she will return.
- 5.6 The AMHP is permitted to delegate the task of conveying the patient to another person, such as personnel from SECamb or Sussex Police. It is good practice that the AMHP will personally accompany the patient to hospital, not necessarily in the same vehicle. The AMHP retains ultimate responsibility to ensure that the patient is conveyed in a lawful, safe and humane manner, and must be ready to give the necessary guidance to those asked to assist. If the task is delegated, a form of authorisation should be given to the delegated person.
- 5.7 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.
- 5.8 Where there are delays in arranging admission, it may be necessary for the AMHP to delegate the task of co-ordinating conveyance to hospital to a second AMHP. If the task is delegated, a form of authorisation should be given to the delegated person (see Appendix C for further information).

The papers go with the patient if the AMHP is not accompanying them in the same vehicle.

- 5.9 The AMHP may delegate the responsibility for conveying the patient to a professional worker other than an AMHP and not accompany the patient to hospital. The AMHP must contact the hospital accepting the patient and confirm the papers have been received. It is considered good practice to fax a copy of the papers to the receiving hospital prior the patient arriving there. If the delegated person encounters difficulty with the arrangements, they will need a means of contacting the AMHP or the nominated contact. **The AMHP will**

provide a contact number to the designated officers (in case of emergencies) on the delegation form (see Appendix C for further information).

- 5.10 The AMHP should take into account the needs of the patient and the views of the Nearest Relative and SECamb when deciding whether to accompany the patient to hospital in the same vehicle. A decision should be reached by negotiation with the above, depending on individual circumstances. If the patient has been sedated, SECamb 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.
- 5.11 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. Where no nurse or doctor escort is available for a patient who has been sedated prior to transportation, a Critical Care Paramedic crew with extended 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. Any other ambulance crew is not appropriate to support these patients.
- 5.12 If the patient would prefer to be accompanied by another person 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.
- 5.13 The AMHP should request the assistance of Sussex Police if there is an assessed risk of violence during the assessment, conveyance, or admission process.
- 5.14 If the assistance of Sussex Police is required because the patient is violent or has a risk of absconding the AMHP should phone the Sussex Police Call Handling Centre on 101, stating a request for assistance with conveyance to hospital under the MHA. The AMHP should then give details of the patient, the address and any information arising from his/her risk assessment. The Sussex Police Call Handling Centre will provide the AMHP with a computer-generated 'serial number'. In an emergency the AMHP will telephone 999 if police assistance is required.
- 5.15 The jointly agreed Risk Indicator Guidance will be completed and used as the basis for discussion between AMHP and Sussex Police about the presenting risks, prior to assessment starting where possible.
- 5.16 In order to expedite the transfer of responsibility for the patient, the AMHP will ensure that the receiving hospital is expecting the patient, and telephone ahead with likely time of arrival. The AMHP should ascertain the name of the person who will be formally receiving the admission papers.
- 5.17 The AMHP should arrive where possible at the same time as the patient at the hospital 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 is given to the appropriate hospital personnel.
 - The patient has been detained in a proper manner.
- 5.18 In circumstances where the AMHP is not in attendance, the papers must travel with the patient and the AMHP or nominated contact available by phone.
- 5.19 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. Sussex 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.
- 5.20 Where an AMHP requests the assistance of Sussex Police this will be met as far as practicable. Sussex Police will use their discretion on the number of officers to be deployed but their overriding duty is to protect the patient from self harm, and others, including themselves, from the actions of the patient. Where, for operational reasons, Sussex Police find this difficult, there will be discussion between the Duty Inspector or Sergeant for the division concerned and the AMHP.
- 5.21 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 Sussex Police, police standing orders require that the patient is searched.
- 5.22 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 Police in hospital restricted to the minimum required for safe transfer of responsibility.
- 5.23 Where it is necessary to use NHS transport services to convey the patient to hospital the responsibility lies with Sussex Partnership NHS Foundation Trust or the Primary Care Trust in whose area the journey arises. This is the situation for both NHS and private healthcare patients. In Sussex, NHS transport services are provided by SECamb. The patient must be conveyed to a named Sussex hospital except in the case of acute hospital over-spill (see paragraphs 8.1 – 8.2 below).
- 5.24 Where a privately funded patient is requesting admission to a particular private hospital, the patient will be responsible for the cost of the transport.
- 5.25 Staff employed by SECamb 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 SECamb consider in their professional judgement 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 they should seek advice from the Duty Clinical Operations Manager.

Further detailed guidance can be found in Chapter 10 in the Mental Health Act Code of Practice, 2008.

6. South East Coast Ambulance Serve NHS Foundation Trust response

- 6.1 When requested, SECamb has a duty to provide an appropriate vehicle and staff to convey the patient to hospital.
- 6.2 The assessing doctors and AMHP need to agree the required time of the patient's arrival at the receiving hospital. This time frame must be agreed between the AMHP and the Emergency Operations Centre (EOC or 'Ambulance Control'). All patients assessed under the MHA who require NHS transport to convey them to hospital are considered as 'urgent' in the sense of requiring transport within an agreed time, which would normally be within 2 hours from the point of request to arrive on the scene. SECamb would expect to achieve this standard 90% of the time.
- 6.3 As soon as it becomes clear that NHS transport is required, the AMHP should contact the SECamb Emergency Dispatch Centre ('Ambulance Control') on 01273486465 giving as much detail as possible. A patient's journey will be entered into the dispatch 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.
- 6.4 SECamb operates the NHS Pathways call triage system, which allows Health Care Professionals (HCPs) including AHMPs, the option to request transport for their patients with the following options
 - 999 immediate response (only to be used in circumstances where the patient's life is at risk).
 - HCP 60min response (all documentation/section papers must be completed at time of call)
 - HCP 120min response (all documentation/section papers must be completed at time of call)
 - HCP 180min response
 - HCP 240min response
- 6.5 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 Manager at Ambulance Control.
- 6.6 If further support is required from SECamb at the scene of a difficult or protracted conveyance case, the attendance of, or telephone contact with, the Duty Bronze Clinical Operations Manager can be requested by the AMHP via the EOC.

7. Restraint

- 7.1 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 (see paragraph 5.20).

8. Out of Area Hospital Admission

8.1 Sussex Partnership NHS Foundation Trust patient

Where a patient for whom Sussex Partnership NHS Foundation Trust is responsible needs to be conveyed out of the Sussex area the AMHP will contact Secamb who are responsible for the conveyance.

8.2 Out of area patients

When a person from out of area needs to be conveyed to hospital back to their home area:-

a) The responsibility to find the bed lies with Sussex Partnership NHS Foundation Trust Bed Manager, who can discuss conveyance with the home area, who may agree conveyance.

b) The responsibility to arrange conveyance remains with the AMHP.

c) Initially the AMHP will contact SECamb who may agree to provide the transport.

8.3 The Primary Care Trust from the patient's home is responsible for cost of conveyance.

8.4 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 NHS staff identifying the available bed. This responsibility will be delegated to the conveying organisation (see 5.6 – 5.9 and Appendix C).

8.5 In circumstances where an AMHP delegates their authority they or the nominated contact must remain contactable (see 5.9).

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

8.7 The patient will be conveyed across organisational boundaries by those professionals who initiate the transportation of the patient. Patients will not be handed over to other Authorities. Long and time-consuming journeys can adversely affect the ability of local agencies to maintain adequate cover. Any operational and resourcing issues should be negotiated between the Duty Dispatch Manager (SECamb), the local duty Inspector (Sussex Police), and the

appropriate AMHP.

- 8.8 Patients who originate from out of area (that is, beyond the geographical boundary covered by this policy and procedures) and require NHS transport to return them home are the responsibility of their home Primary Care Trust area. A joint discussion with SECamb should initially take place and focus on the patient's presenting issues and needs. SECamb are normally involved in the transportation of such patients, however, there is agreement that such cases will be transported as an extra-contractual referral and the costs will be fully met by the appropriate receiving authority.

9. Monitoring and Review

- 9.1 The effectiveness of the local conveyance arrangements will be formally reviewed on an annual basis. This annual review will be undertaken by the pan-Sussex Mental Health Act Monitoring Committee, convened and chaired by Sussex Partnership NHS Foundation Trust. The signatories to this document are already members of this standing Committee.

APPENDIX A: LEGAL CONTEXT

Legislation:

Mental Health Act 1983 (MHA)
Police & Criminal Evidence Act 1984
Criminal Law Act 1995
Human Rights Act 1998

Guidance:

Mental Health Act 1983 Code of Practice (2008) (Chapter 11).
Police & Criminal Evidence Act 1984 – Codes of Practice
European Convention on Human Rights – specifically Articles 2, 3, 5, 10, 14

Definitions used in this document:

Mental Health Act 1983 (MHA)
Approved Mental Health Professional: Section 145 (1)
Local Social Services Authority: Section 145 (1)
Medical treatment: Section 145 (1)
Nearest Relative: Section 26 (3) Patient: Section 145 (1) Hospital: Section 145 (1) /
Responsible Clinician: Section 34 (1)
Supervised Community Treatment: Section 17A

Case law:

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

APPENDIX B Risk Indicator Guidance

Date

Person Details		Address Details	
Name:		Full address and postcode:	
Date of birth:		Telephone number:	
Gender:	Male Female	Risk of Absconding:	
Any communication problem e.g. deafness, non-English speaking, speech impediment:		Has the subject threatened violence in the past? If so, give details:	
Personal/Physical Risk Factors e.g. height and weight:		Has the subject <u>used</u> violence in the past? If so give details:	
Special Skills e.g. judo, ex-army:		Are there any specific topics that trigger adverse reactions from the subject? If so give details:	
Current Mental Health:		Access to weapons:	
Health Warnings:		Dangerous animals:	

Is AMHP requesting Police attendance? Yes No

If yes, who from the police will command incident?

(Name)

The following information will be provided by the AMHP to the call handler or neighbourhood policing supervisor:-

Type of premises:	
What floor does the person occupy?	
How many rooms?	
Does anyone else live there? If so, give details – (please use subject section of this form as a guide)	
How is access gained to the premises – (communal entrance/entry phone system etc)	
Have measures been taken to facilitate entry? (keys/neighbour or family co-operation, housing Association assistance etc)	
Is there access to the rear of the premises?	
Is the address fortified? (substantial locks/security gate/window bars etc)	

If no, Serial Number given (serial number)

In the case of disagreement, refer to Force Command and Control Inspector.

DELEGATION OF AUTHORITY TO CONVEY

Delegation of Authority to Convey a Patient to a Hospital under the Mental Health Act 1983

..... (Name of Patient)

..... (Address)

.....

I (your name)

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

.....

(name of hospital or registered nursing home) on the requisite form, supported by the appropriate medical recommendations.

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

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

..... (name)

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

Signed (your signature)

Of (address on forms)

.....

Contact mobile telephone details if you need to speak with me/the duty manager about this delegation arrangement:

.....

Date authority issued:

Date authority expires:

RISK IN RELATION TO CONVEYANCE (give brief details if applicable)

Absconding.....

Verbal aggression/abuse.....

Threats of physical aggression.....

Physical aggression.....

Sexual disinhibition.....